

Exhibit C

Dena R. Hixon, M.D.

Page 1

IN THE UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF TENNESSEE

- - - - - x

KATRINA DAWN COPLEY	:
Plaintiff	:
v.	: Civil Action No.:
BAYER HEALTHCARE	: 3:14-CV-00406
PHARMACEUTICALS, INC.	:
Defendant.	:
- - - - -	x

Friday, April 29, 2016

Washington, D.C.

VIDEOTAPED DEPOSITION OF:

DENA R. HIXON, M.D.

a witness in the above-entitled cause, called
for examination by counsel for the Defendant,
pursuant to notice and to agreement of counsel as to
time and place, at the offices of Covington &
Burling LLP, One CityCenter, 850 Tenth Street, N.W.,
Washington, D.C. 20001, commencing at 9:13 a.m.,
before Samara J. Zink, a Notary Public
in and for the District of Columbia, when were
present on behalf of the respective parties:

Dena R. Hixon, M.D.

<p>1 APPEARANCES</p> <p>2</p> <p>3 ON BEHALF OF THE PLAINTIFF:</p> <p>4 LAWRENCE L. JONES, II, ESQUIRE</p> <p>5 CHRISTINA NATALE, ESQUIRE</p> <p>6 JONES WARD PLC</p> <p>7 312 South 4th Street</p> <p>8 6th Floor</p> <p>9 Louisville, Kentucky 40202</p> <p>10 (502) 882-6000</p> <p>11 larry@jonesward.com</p> <p>12 christina@jonesward.com</p> <p>13</p> <p>14 ON BEHALF OF THE DEFENDANT:</p> <p>15 MICHAEL X. IMBROSCIO, ESQUIRE</p> <p>16 KATHLEEN E. PALEY, ESQUIRE</p> <p>17 COVINGTON & BURLING LLP</p> <p>18 850 10th Street, N.W.</p> <p>19 Washington, D.C. 20001</p> <p>20 (202) 662-5694</p> <p>21 mimbrosio@cov.com</p> <p>22 kpaley@cov.com</p> <p>23</p> <p>24 ALSO PRESENT:</p> <p>25 Larry Newman, videographer</p>	<p>1 PROCEEDINGS</p> <p>2</p> <p>3 THE VIDEOGRAPHER: We are now on the</p> <p>4 record. My name is Larry Newman. I am a</p> <p>5 videographer for Golkow Technologies. Today's date</p> <p>6 is Friday, April 29th, 2016. The time is 9:13 a.m.</p> <p>7 This video deposition is being held in Washington,</p> <p>8 D.C. in the matter of Katrina Dawn Copley versus</p> <p>9 Bayer Healthcare, et al., and this is in the United</p> <p>10 States District Court for the Middle Division of</p> <p>11 Tennessee, Nashville Division. Our deponent is</p> <p>12 Dena Hixon.</p> <p>13 Would our counsel please identify</p> <p>14 themselves.</p> <p>15 MR. JONES: Larry Jones for the</p> <p>16 Plaintiffs.</p> <p>17 MS. NATALE: Christina Natale for the</p> <p>18 Plaintiffs.</p> <p>19 MR. IMBROSCIO: Michael Imbroscio for</p> <p>20 Bayer.</p> <p>21 MS. PALEY: Kathleen Paley for Bayer.</p> <p>22 THE VIDEOGRAPHER: Our court reporter</p> <p>23 today is Samara Zink and will now swear in the</p> <p>24 witness.</p> <p>25 Whereupon,</p> <p>DENA R. HIXON, M.D.</p>
Page 3	Page 5
<p>1</p> <p>2 CONTENTS</p> <p>3 EXAMINATION OF DENA R. HIXON, M.D. PAGE</p> <p>4 BY MR. JONES 5</p> <p>5</p> <p>6 EXHIBITS</p> <p>7 (Attached to transcript)</p> <p>8 HIXON DEPOSITION EXHIBITS PAGE</p> <p>9 Exhibit 1 Notice of Video Deposition of 7</p> <p>Dena Hixon, M.D.</p> <p>10 Exhibit 2 Supplemental List of Materials 70</p> <p>Reviewed</p> <p>11 Exhibit 3 Expert Statement of 70</p> <p>Dena R. Hixon, M.D.</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1 a Witness, called for examination by counsel for</p> <p>2 the Plaintiffs, having first been duly sworn, was</p> <p>3 examined and testified as follows:</p> <p>4 EXAMINATION BY COUNSEL FOR PLAINTIFFS</p> <p>5 BY MR. JONES:</p> <p>6 Q. Good morning. I'm Larry Jones.</p> <p>7 A. Good morning.</p> <p>8 Q. Will you please state your full name for</p> <p>9 the record.</p> <p>10 A. Dena R. Hixon.</p> <p>11 MR. IMBROSCIO: And, Larry, before you</p> <p>begin, I just want to make a note. We've also</p> <p>cross-noticed this deposition in the other cases</p> <p>where Dr. Hixon has issued a report, the cases that</p> <p>are in discovery, and we'll have those attached to</p> <p>the end of the deposition as well. I know you're</p> <p>not probably accepting them or whatever the case may</p> <p>be, but I want to just note for the record that</p> <p>we've cross-noticed this in the other cases.</p> <p>MR. JONES: Yeah. And when you say "the</p> <p>other cases" -- I know I saw some -- are they the</p> <p>ones that Dr. Hixon has --</p> <p>MR. IMBROSCIO: Yes.</p> <p>MR. JONES: -- issued a report in?</p> <p>MR. IMBROSCIO: Correct. Yes.</p>

2 (Pages 2 to 5)

Dena R. Hixon, M.D.

<p style="text-align: center;">Page 6</p> <p>1 MR. JONES: Okay. Fair enough. 2 BY MR. JONES: 3 Q. And as I said, Dr. Hixon, you are a 4 medical doctor, correct? 5 A. Yes, I am. 6 Q. Okay. And you issued a report in this 7 litigation and several other -- or this case and 8 several others, as counsel has noted, correct? 9 A. The others -- it was one single report for 10 the other cases. 11 Q. Okay. Do you know which cases you've 12 issued a report for? 13 A. So I have issued the one report for this 14 case, and the other cases were the cases related to 15 uterine perforations with Mirena. 16 Q. Okay. Let me -- let me clarify. There -- 17 your report -- let's talk about this particular 18 case -- 19 A. Okay. 20 Q. -- the Copley case. 21 You've issued -- you've submitted a 22 37-page report -- 23 A. Correct. 24 Q. -- correct? 25 Okay. And have you -- are you aware that</p>	<p style="text-align: center;">Page 8</p> <p>1 that's been handed to you correctly? 2 A. Yes. 3 Q. Okay. And have you seen this before? 4 A. Yes. 5 Q. Okay. And you'll note beginning back on 6 page 4 that there's several document requests where 7 it says "Documents to Be Produced." Do you see 8 that? 9 A. That's correct. 10 Q. Okay. And did you review each of these 11 20 requests? 12 A. Yes, I did. 13 Q. Okay. And what did you -- did you gather 14 any documents pursuant to these 20 requests? 15 A. I did. 16 Q. Okay. And what did you do to look for the 17 documents that have been requested in these 20 18 items? 19 A. I went through the list and I noted, for 20 instance, that the curriculum vitae had already been 21 presented to the attorneys. I went through my 22 archived documents to find presentations and talks, 23 and I provided to the attorneys the ones that I 24 found. 25 Q. Okay.</p>
<p style="text-align: center;">Page 7</p> <p>1 you have submitted the same 37-page report in other 2 cases involving benign intracranial hypertension? 3 A. I -- I am not specifically aware, but that 4 seems correct based on our background discussions. 5 Q. Okay. And do you know the names of any of 6 my clients that you've issued reports in their 7 particular cases? 8 A. No, I do not. 9 Q. Okay. I note in your report, you say that 10 you were paid -- you were compensated at a rate of 11 \$600 per hour for reviewing materials and creating 12 this report; is that correct? 13 A. That's correct. 14 Q. Okay. And do you have an additional rate 15 that you receive for testifying? 16 A. No. I charge the same rate for 17 everything. 18 Q. Okay. Doctor, I'm going to hand you what 19 we're going to mark as Deposition Exhibit 1. 20 (Exhibit 1 was marked for identification 21 and is attached to the transcript.) 22 THE WITNESS: Thank you. 23 BY MR. JONES: 24 Q. This is a Notice of Video Deposition of 25 Dena Hixon, M.D. Have I represented the document</p>	<p style="text-align: center;">Page 9</p> <p>1 MR. IMBROSCIO: And, Larry, we have a set 2 of stuff -- I probably should have done this before 3 and I forgot -- in response. We're happy to hand it 4 over and have her walk you through it, whatever the 5 case may be. 6 MR. JONES: Yeah, if you could just hand 7 it over. Just if you could give it to Christina and 8 she'll start looking through things. 9 MS. PALEY: This is a copy of 10 presentations. Here are the IIH invoices. 11 MR. JONES: Can I see the IIH invoice? 12 THE WITNESS: To finish my answer, I 13 also -- 14 BY MR. JONES: 15 Q. Yes, ma'am. 16 A. -- looked at the rest of the -- the 17 requests and found that a number of them were not 18 applicable. I -- I didn't have anything to respond 19 to them. And everything that I had I provided to 20 the attorneys. 21 Q. Thank you. 22 Okay. Doctor -- excuse me -- among the 23 materials that have just been handed across the 24 table, I see two invoices from Pharmaceutical 25 Life -- Lifecycle Consulting, LLC. What is</p>

Dena R. Hixon, M.D.

Page 10	Page 12
<p>1 Pharmaceutical Lifecycle Consulting, LLC?</p> <p>2 A. I work as a single-member LLC, and my</p> <p>3 business is called Pharmaceutical Lifecycle --</p> <p>4 Q. Okay.</p> <p>5 A. -- Consulting, LLC.</p> <p>6 Q. Okay. And on the two invoices, I see a</p> <p>7 billing for February 2016 and March 2016. Did you</p> <p>8 do any work on this case before February 2016?</p> <p>9 A. No, I did not.</p> <p>10 Q. And the February 2016 invoice notes that</p> <p>11 you spent 24 hours, 40 minutes for a grand total of</p> <p>12 \$14,800. Does that sound correct?</p> <p>13 A. Yes, it does.</p> <p>14 Q. And the March invoice notes that you spent</p> <p>15 32 hours and 30 minutes: Mirena litigation document</p> <p>16 review, discussions with attorneys, and drafting</p> <p>17 report. Does that sound correct?</p> <p>18 A. Yes, it does.</p> <p>19 Q. I'm going to try my math skills here.</p> <p>20 So is it fair to say that between February</p> <p>21 and March of 2016, you were paid \$34,300 for -- from</p> <p>22 Bayer for your work involved with this case?</p> <p>23 A. That's correct.</p> <p>24 Q. And did you do any work on this case in</p> <p>25 April 2016?</p>	<p>1 A. You said --</p> <p>2 Q. Lifestyle?</p> <p>3 A. -- lifestyle.</p> <p>4 Q. Sorry.</p> <p>5 A. That's okay.</p> <p>6 Q. So you don't have any partners in that?</p> <p>7 A. No, I do not.</p> <p>8 Q. Okay. And when did you form</p> <p>9 Pharmaceutical Lifecycle Consulting, LLC?</p> <p>10 A. I believe it was actually formed in</p> <p>11 December of 2011. I didn't start doing any work</p> <p>12 until 2012.</p> <p>13 Q. And other than litigation consulting, have</p> <p>14 you ever done any work for Bayer Healthcare</p> <p>15 Pharmaceuticals?</p> <p>16 A. I don't believe so. Nothing comes to mind</p> <p>17 that I've done for Bayer.</p> <p>18 Q. And you are also -- you've also been</p> <p>19 designated as an expert witness and have done work</p> <p>20 in the Mirena migration perforation MDL, correct?</p> <p>21 A. That's correct.</p> <p>22 Q. And approximately how much money have you</p> <p>23 been paid for your work in the migration perforation</p> <p>24 MDL?</p> <p>25 A. As best I recall, somewhere between 150-</p>
<p>1 A. Yes, I did. And I haven't added up my</p> <p>2 hours worked in April at this point.</p> <p>3 Q. Okay. Approximately how many hours would</p> <p>4 you think that would be?</p> <p>5 A. I'm not sure. My best guess would be</p> <p>6 around 40 hours.</p> <p>7 Q. Around 40 hours.</p> <p>8 So 40 hours times \$600 an hour would be</p> <p>9 approximately another \$24,000?</p> <p>10 A. That sounds right.</p> <p>11 Q. And you're getting paid for your -- you're</p> <p>12 getting paid for your time to appear here today for</p> <p>13 your deposition, correct?</p> <p>14 A. That's correct.</p> <p>15 Q. And that's at \$600 an hour as well?</p> <p>16 A. That's correct.</p> <p>17 Q. So by my calculations, we would be at</p> <p>18 approximately \$54,300 before your testimony here</p> <p>19 today. Does that sound like it is about correct?</p> <p>20 A. That sounds like it's in the ballpark.</p> <p>21 Q. Okay. And you mentioned that you were</p> <p>22 a -- I think you said the sole member of</p> <p>23 Pharmaceutical Lifestyle Consulting, LLC?</p> <p>24 A. Lifecycle Consulting. Yes.</p> <p>25 Q. What did I say?</p>	<p>1 and \$200,000.</p> <p>2 Q. And was that all in 2015, or does that --</p> <p>3 have you done work in 2016 that you would bill for?</p> <p>4 A. That was 2014 and '15.</p> <p>5 Q. Okay. Now, in preparing your report to be</p> <p>6 submitted in this litigation, did you use any</p> <p>7 portions of the report that you submitted in the</p> <p>8 migration perforation MDL?</p> <p>9 A. I -- I used some of the same information,</p> <p>10 yes.</p> <p>11 Q. Okay. My question is a little different.</p> <p>12 Did you use -- did you, for instance, copy</p> <p>13 things out of the MDL report and paste them into the</p> <p>14 report for this case?</p> <p>15 A. I think there were some general sections</p> <p>16 that I did copy into this report. I didn't do so</p> <p>17 without reviewing them to be sure that they were</p> <p>18 appropriate as they were written.</p> <p>19 Q. Right. It makes sense. I'm not attacking</p> <p>20 you on it. There's no sense in recreating the</p> <p>21 wheel.</p> <p>22 A. Right.</p> <p>23 Q. I'm just trying to figure out what you</p> <p>24 spent on this particular case.</p> <p>25 Also in your report you list lots</p>

Dena R. Hixon, M.D.

Page 14	Page 16
<p>1 of different -- it's -- your report is footnoted; 2 is that correct? 3 A. That's correct. 4 Q. Okay. And let's see how many footnotes 5 you go to. 6 I'm counting 235 footnotes to this report. 7 Does that sound about correct? 8 A. I think that's probably accurate. 9 Q. Okay. And when we say "footnote," that 10 means you're citing to a particular document for 11 support for the proposition that you've put in your 12 report? 13 A. That's correct. 14 Q. Okay. And -- 15 A. It's also for providing additional 16 information if needed. So -- 17 Q. Okay. And explain that to me. 18 A. -- it doesn't necessarily mean that that's 19 where all of my information comes from because I'm 20 acquiring that background not only from other 21 documents but also based on my experience and 22 knowledge. 23 Q. Okay. Well, let me ask you this. Are all 24 the opinions that you are intending to give at the 25 trial in this case contained within the body of your</p>	<p>1 documents listed in these footnotes? 2 A. Yes. 3 Q. Okay. And then also we received a list of 4 materials that you reviewed but perhaps didn't rely 5 on. Is that fair to say? 6 A. That's correct. 7 Q. Okay. And those -- when we -- when I say 8 "not relied on," I mean they're not specifically 9 cited in your report? 10 A. That's correct. 11 Q. Okay. And that -- those materials are -- 12 are kind of the same types of materials, internal 13 documents, medical journal articles, et cetera, 14 correct? 15 A. That's correct. And I must say that it 16 includes some of the deposition transcripts related 17 to this case. And some of those transcripts I did 18 not review in detail. 19 Q. Okay. Well, let's talk about just what's 20 in your -- in your report here. 21 A. Okay. 22 Q. In the 235 footnotes, did you review all 23 of the documents that you cited in detail? 24 MR. IMBROSCIO: Object to the -- object to 25 the form.</p>
<p style="text-align: center;">Page 15</p> <p>1 37-page report? 2 A. Yes, they are. 3 Q. And back to the footnotes. It looks like 4 it contains a potpourri of materials we'll call 5 it. It looks like some FDA guidances; is that 6 correct? 7 A. Correct. 8 Q. Statutory citations; is that correct? 9 A. That's correct. 10 Q. Medical journal articles? 11 A. That's correct. 12 Q. Bayer internal documents? 13 A. That's correct. 14 Q. FDA regulations? 15 A. Correct. 16 Q. And did you review all of these materials 17 prior to preparing your report? 18 A. Prior to and during the preparation of the 19 report. Some of them I put into the report as I 20 went along and others were reviewed before I started 21 the writing process. 22 Q. Fair enough. 23 I guess my question is more at the time 24 that you signed your signature on this report, is it 25 fair to say that you had reviewed all of the</p>	<p style="text-align: center;">Page 17</p> <p>1 MR. JONES: That's fine. 2 BY MR. JONES: 3 Q. Do you understand what I mean? 4 A. I understand what you mean. And I -- I 5 reviewed those. I -- I certainly didn't commit them 6 to memory, and I -- I did more than skim them. So I 7 would say that I thoroughly reviewed them. 8 Q. Well, let me ask the question a different 9 way. 10 Each of the documents cited in your 235 11 footnotes, did you review those documents from cover 12 to cover? 13 A. I believe there may have been some 14 information in those that I -- I didn't read, like 15 some of the references and -- and footnotes and so 16 forth, but I at least went through them from cover 17 to cover. 18 Q. Putting aside the footnotes that may have 19 been in the individual documents that are contained 20 in your footnotes to your report, did you review 21 each document? Did you read every word on each 22 document? 23 A. No, I did not read every word on each 24 document. I reviewed them the same way I would have 25 reviewed them in preparing reviews when I worked at</p>

Dena R. Hixon, M.D.

Page 18	Page 20
<p>1 FDA.</p> <p>2 Q. Okay. And when you worked at FDA, did 3 that include not reviewing footnotes that are 4 contained in documents that were submitted?</p> <p>5 MR. IMBROSCIO: Object to the form.</p> <p>6 THE WITNESS: When I said "footnotes," I 7 basically -- for instance, I didn't go through the 8 entire list of -- of references, that sort of thing. 9 But, yes, I looked at the footnotes.</p> <p>10 BY MR. JONES:</p> <p>11 Q. Do you think it's important when you're 12 reviewing a document to read the references and 13 follow those references through to make sure that 14 the authors have accurately characterized what -- 15 what they've represented in their papers?</p> <p>16 A. It depends on the situation and -- and 17 what their references are. I mean, no, I don't 18 think it's important to read every footnote or every 19 reference to document.</p> <p>20 Q. But you agree that in both this case and 21 when you worked at the FDA, we're dealing with 22 patient safety issues, right?</p> <p>23 A. That's correct.</p> <p>24 Q. But you don't think that it's important to 25 review the references contained in footnotes?</p>	<p>1 depositions that you reviewed other than Walsh and 2 Dr. Ross?</p> <p>3 A. Fraunfelder to -- to some extent. I -- I 4 briefly looked at Etminan. I looked at Plouffe. I 5 can't remember all the other names. There was 6 Connor or Korner or maybe both and other company 7 witnesses that I'm not specifically remembering 8 their names because I'm not particularly familiar 9 with them.</p> <p>10 Q. Okay. And did you -- any of these 11 depositions that you reviewed, did you review 12 them from the beginning to the end reading 13 every page?</p> <p>14 A. Some of them I did and some of them I 15 didn't.</p> <p>16 Q. Which ones did you review from the first 17 page to the last page?</p> <p>18 A. Particularly Dr. Ross and numerous ones of 19 the company witnesses as well.</p> <p>20 Q. Well, this is my only time to ask you the 21 questions. So which of the numerous company 22 witnesses --</p> <p>23 A. Well, would you like to --</p> <p>24 Q. Hold on. May I finish my question? 25 This is my only time to ask you about</p>
<p style="text-align: center;">Page 19</p> <p>1 MR. IMBROSCIO: Object to the form.</p> <p>2 Argumentative.</p> <p>3 THE WITNESS: I think I've explained that 4 I reviewed those documents and the necessary detail 5 to be able to form my opinions and write my report.</p> <p>6 BY MR. JONES:</p> <p>7 Q. Now, the documents that you reviewed 8 that were not footnoted in your report, why 9 did you not include those in your report?</p> <p>10 A. Because in writing the report, I was 11 looking for information that would be relevant to 12 what I was writing and would provide additional 13 information that the reader might want to see. And 14 the other documents provided insight and background 15 and understanding and information for me but were 16 not necessarily information that I felt needed to be 17 in the report.</p> <p>18 Q. You mentioned that you reviewed some 19 deposition transcripts?</p> <p>20 A. That's correct.</p> <p>21 Q. Which depositions did you review?</p> <p>22 A. I reviewed Dr. Ross' deposition. I 23 reviewed quite a few others. Walsh. I don't have a 24 list of all those depositions in front of me, so --</p> <p>25 Q. As we sit here today, can you recall any</p>	<p style="text-align: center;">Page 21</p> <p>1 this. So would you be able to tell me as you sit 2 here today which of the company witnesses you 3 reviewed their transcripts from the first page to 4 the last page?</p> <p>5 A. If you can provide me with the document 6 that lists all of their names, I can do that.</p> <p>7 Q. From memory, you can't remember?</p> <p>8 A. Look, I don't remember all of those names. 9 I remember the concepts. If you -- if I see the 10 documents, it will help me. But, no, I didn't sit 11 down and memorize a list of names.</p> <p>12 Q. How did you decide which deposition 13 transcripts you were going to review in this case?</p> <p>14 A. I looked through them to see, you know, 15 who they were and what the person's responsibilities 16 were. And I read as many of them as I could get 17 through.</p> <p>18 Q. Are you confident that you've been 19 provided with every deposition transcript that 20 relates to this case?</p> <p>21 A. I believe so.</p> <p>22 Q. And why do you believe so?</p> <p>23 A. Because the attorneys carefully sent me 24 deposition transcripts and I haven't known of 25 anything that I haven't been provided with. And my</p>

6 (Pages 18 to 21)

Dena R. Hixon, M.D.

<p style="text-align: center;">Page 22</p> <p>1 perception is that I've had a very complete supply 2 of depositions and other information to read and 3 review.</p> <p>4 Q. How did you decide which Bayer internal 5 documents you were going to review in this case?</p> <p>6 A. Based on some depositions that I had 7 reviewed for the previous cases and understanding 8 who those people were and their positions at -- at 9 Bayer and how relevant their testimony would be to 10 my report and my opinions.</p> <p>11 MR. IMBROSCIO: I think he's asking you 12 about documents, not depositions.</p> <p>13 MR. JONES: I think she was answering to 14 documents.</p> <p>15 BY MR. JONES:</p> <p>16 Q. Weren't you?</p> <p>17 A. Oh, I'm sorry. I was answering 18 depositions.</p> <p>19 Q. Oh, okay.</p> <p>20 A. Forgive me.</p> <p>21 I read the vast majority of the documents 22 because it was important for gathering the 23 information.</p> <p>24 Q. The vast majority of what documents?</p> <p>25 A. Of all of the documents that I've listed.</p>	<p style="text-align: center;">Page 24</p> <p>1 Q. And did the attorneys send you the documents 2 to review?</p> <p>3 A. Yes.</p> <p>4 Q. Okay.</p> <p>5 A. And in addition to what the attorneys sent 6 me, I looked for additional information as I went 7 along if there was something I felt that I needed 8 more information on.</p> <p>9 Q. Would it surprise you to learn that there 10 have been over 10 million pages of documents 11 produced in this case?</p> <p>12 A. That doesn't surprise me at all.</p> <p>13 Q. And have you had access to all 10 14 million pages of documents?</p> <p>15 A. Quite honestly, I haven't added up the 16 number of documents and the number of pages that I 17 have, but anything that I would have asked for was 18 provided to me.</p> <p>19 Q. I know you haven't added up the pages, but 20 can you tell me if you've had access -- that you've 21 had access to over 10 million pages of documents?</p> <p>22 A. I think that -- I think I have.</p> <p>23 Q. Did you review over 10 million pages of 24 documents?</p> <p>25 A. No, I didn't review over 10 million pages</p>
<p style="text-align: center;">Page 23</p> <p>1 Q. Okay. And so my question is, how did you 2 select which documents to review for this case?</p> <p>3 A. I made every attempt to review all of 4 them.</p> <p>5 Q. Do you know how many documents -- how many 6 pages of documents have been produced in the benign 7 intracranial hypertension cases?</p> <p>8 A. Thousands.</p> <p>9 Q. Just thousands?</p> <p>10 A. Well, probably hundreds of thousands.</p> <p>11 I -- I'm fully aware of what's in an NDA and what's 12 in an IND. And I have read the information that is 13 relevant to the discussion at hand. And I have 14 read -- excuse me -- the communications that were 15 produced, and there's -- you know, I can't think of 16 anything specific that I haven't reviewed.</p> <p>17 Q. Do you have access to a Bayer database of 18 the documents that Bayer has produced to Plaintiffs 19 in this case?</p> <p>20 A. To a Bayer database. I'm not sure that I 21 have access to a Bayer database. I have been 22 provided access to a -- a huge number of documents, 23 including NDA and IND documents and post-marketing 24 reports and communications. So I have looked at a 25 huge amount of documents.</p>	<p style="text-align: center;">Page 25</p> <p>1 of documents, because having worked at FDA, I'm very 2 aware of the kinds of information that are not 3 relevant to the kind of work that -- that I was 4 doing here.</p> <p>5 There are hundreds of thousands of pages 6 of chemistry, manufacturing, and controls 7 information. There are many thousands of pages of 8 information on clinical pharmacology and 9 biopharmaceutics. I certainly had information on 10 clinical data. I had information on the preclinical 11 data. And there certainly is a huge amount of 12 information in every NDA that is not relevant to my 13 task in this case.</p> <p>14 Q. Did you ever sit down at a database and do 15 keyword searches on the documents that were produced 16 in this case that amount to over 10 million pages of 17 documents?</p> <p>18 A. I didn't -- I didn't find a situation 19 where I needed to do that.</p> <p>20 Q. My question is different. 21 Did you do it or did you not?</p> <p>22 A. No.</p> <p>23 Q. And you mentioned that there are lots of 24 documents that aren't relevant to your task in this 25 case. Did --</p>

Dena R. Hixon, M.D.

Page 26	Page 28
<p>1 A. That's correct.</p> <p>2 Q. And what's your task in this case?</p> <p>3 A. Well, my task in this case was to review</p> <p>4 the documents relevant to the -- basically the</p> <p>5 approval of Mirena and the labeling of Mirena and</p> <p>6 the background on -- on use of the product, its</p> <p>7 risk-benefit analysis and IIH, and the information</p> <p>8 available about IIH, what is IIH and what may or may</p> <p>9 not cause IIH, and to develop opinions with regard</p> <p>10 to whether the labeling was adequate and whether the</p> <p>11 interactions with FDA were appropriate.</p> <p>12 Q. And is it -- did I understand you</p> <p>13 correctly to say that all of the information in the</p> <p>14 NDA is not necessarily relevant to the task that you</p> <p>15 have in this case?</p> <p>16 A. That's correct.</p> <p>17 Q. Okay.</p> <p>18 A. There are details -- many details that are</p> <p>19 not relevant.</p> <p>20 Q. Which -- what parts of -- what parts of</p> <p>21 the NDA would you consider to be not relevant to</p> <p>22 your task in this case?</p> <p>23 A. I think I already pointed out a lot of</p> <p>24 that. A lot of the CMC details would not make a</p> <p>25 difference in my opinion. A lot of the -- the raw</p>	<p>1 of her --</p> <p>2 MR. JONES: Confusion?</p> <p>3 MR. IMBROSCIO: -- confusion on that.</p> <p>4 MR. JONES: Yeah.</p> <p>5 BY MR. JONES:</p> <p>6 Q. No. But, I mean, you know -- you worked</p> <p>7 at FDA -- the NDAs are huge, but they're -- I don't</p> <p>8 think they're 10 million pages.</p> <p>9 A. Some of them might be.</p> <p>10 Q. Okay. So I'm talking -- you reviewed the</p> <p>11 NDA in this case, right?</p> <p>12 A. I reviewed the parts of the NDA that I</p> <p>13 needed to review. No one at FDA reviews every page</p> <p>14 of the NDA.</p> <p>15 Q. They don't?</p> <p>16 A. No.</p> <p>17 Q. Not even the team leader?</p> <p>18 A. No.</p> <p>19 Q. What parts of the NDA did you consider to</p> <p>20 be not relevant to your task in this case?</p> <p>21 A. I think I already answered that question.</p> <p>22 Q. Well, if it's only the</p> <p>23 underlining animal -- the raw data for the animal</p> <p>24 studies and the CMC information, then you have</p> <p>25 answered it. If there's anything else, I'm entitled</p>
Page 27	Page 29
<p>1 data that's presented for animal studies and</p> <p>2 clinical studies is not relevant. The -- the</p> <p>3 detailed sections of statistics and -- and all of</p> <p>4 the individual studies are not nearly as important</p> <p>5 to what I need to do as the overview and the FDA</p> <p>6 analysis of that material.</p> <p>7 Q. Is there anything else -- you mentioned</p> <p>8 the raw data underlining the animal studies, the</p> <p>9 chemicals, manufacturing, and control information.</p> <p>10 Is there anything else that's contained in the NDA</p> <p>11 that you do not consider to be relevant to your task</p> <p>12 in this case?</p> <p>13 A. I'm sure that there's a lot more in that</p> <p>14 10 million pages. Those are the things that come to</p> <p>15 mind as we sit here.</p> <p>16 Q. But I'm talking about the NDA, not</p> <p>17 10 million pages. Is there anything else other than</p> <p>18 the CMC information and the raw data underlining the</p> <p>19 animal studies that you would consider to be not</p> <p>20 relevant to your task in this case?</p> <p>21 MR. IMBROSCIO: Larry, just so it's clear,</p> <p>22 I think she -- I think she understood your</p> <p>23 10 million representation to be your understanding</p> <p>24 of what's in the NDA. And I know that's probably</p> <p>25 not what you meant, but I think that was the source</p>	<p>1 to be able to find out.</p> <p>2 A. Well, there is also all the raw data. I</p> <p>3 mean, all the raw data is analyzed in the study</p> <p>4 reports and it's reviewed at FDA and the information</p> <p>5 is summarized by the disciplines that are relevant</p> <p>6 to each section of the NDA.</p> <p>7 For purposes of, for instance, a team</p> <p>8 leader making a recommendation about approval of the</p> <p>9 product, no team leader is going to review every</p> <p>10 page of that NDA. A team leader would look at the</p> <p>11 reviews of -- the summary reviews of each individual</p> <p>12 discipline and go into any sections of the NDA that</p> <p>13 they needed to look at in order to reach their</p> <p>14 conclusion.</p> <p>15 Likewise, with the kind of task that I had</p> <p>16 before me here, that same sort of thing was the</p> <p>17 relevant information that needed to be reviewed, not</p> <p>18 to dig out every animal study, every piece of raw</p> <p>19 data from anything, but to get the overall big</p> <p>20 picture and look at the sections that are relevant</p> <p>21 to the question at hand.</p> <p>22 Q. So you didn't -- in this case, for your</p> <p>23 task in this case, you didn't review any of the</p> <p>24 underlining raw data contained in the Mirena NDA?</p> <p>25 A. As far as I can think right now, there --</p>

Dena R. Hixon, M.D.

Page 30	Page 32
<p>1 there wasn't any raw data that I needed to go back 2 and look at. 3 Q. Okay. And I'm just trying to make sure 4 that I'm understanding you correctly. 5 So for purposes of this case and your 6 analysis of the NDA, you relied upon the individual 7 reviewers who prepared their portions of the NDA? 8 A. That is largely true. 9 Q. Okay. How's it -- how's it not largely 10 true? 11 A. Well, there are things that I might not 12 remember sitting here right now that if -- when you 13 ask me further questions, I may remember and need to 14 discuss. But as far as the big picture of what 15 we're talking about, I'm giving you the information 16 that I can. 17 Q. Okay. Well, this is my only chance to ask 18 you. 19 A. I understand that. 20 Q. Okay? 21 And, you know, are you going to remember 22 something later that you reviewed? 23 A. No, not unless you ask me about something 24 different that I need to say, yes, that was 25 something that I know about or that I read.</p>	<p>1 your deposition today? 2 A. Two. 3 Q. Okay. And when did those meetings take 4 place? 5 A. Yesterday and the day before. 6 Q. Okay. And how many hours did you meet 7 yesterday? 8 A. About five, I think. 9 Q. Okay. And how many hours the day before? 10 A. I think maybe six or seven. 11 Q. Okay. And did you review any documents 12 that are not listed in your 37-page report in these 13 two meetings? 14 A. I don't believe so. 15 Q. Putting aside your attorneys -- or Bayer's 16 attorneys, did you talk with anyone about your 17 deposition in this case? 18 A. No. 19 Q. You mentioned that you had looked at the 20 Fraunfelder deposition transcript and I think the 21 Etminan deposition transcript. 22 A. Briefly. 23 Q. Have you looked at any other of 24 Plaintiffs' experts' deposition transcripts besides 25 Fraunfelder and Ross -- or I'm sorry -- Fraunfelder</p>
<p>Q. How did you prepare for your deposition today? A. I went back and looked at my review and -- and looked through the information I had previously read. And of course I sat down and talked to the attorneys about the deposition. Q. And just -- I want to put this out there. I don't ever want to know what you talked to the attorneys about. A. I understand that, yes. Q. I can know if you talked to them, how much time you spent with them -- A. Okay. Q. -- but not -- I don't want to hear about your conversations. A. Correct. I understand that. Q. I just wanted to warn you. Okay? A. Yes. Q. Yeah. I mean, you've given depositions before. A. Yes. Q. You know that, right? A. Yes. Q. Okay. When did you -- how many meetings did you have with the attorneys in preparation for</p>	<p>and Etminan, but you had mentioned Ross earlier, right? A. Yes. Q. Okay. A. Yes. Q. See my question was -- I said Ross because I knew that from earlier. So now, Fraunfelder, Ross, and Etminan, you have looked at those deposition transcripts, right? A. Yes. Q. Okay. MR. JONES: Let's see. Who else has been deposed in this case? Who are we missing? Maggio. BY MR. JONES: Q. Did you look at a Dr. Maggio -- John Maggio's deposition transcript? A. No, I did not see that one. Q. Okay. And have you reviewed -- do you know who -- sorry. My allergies are getting me today. MR. IMBROSCIO: This is a bad time to be in with the allergies, I will tell you that. BY MR. JONES: Q. Have you -- do you know who the other</p>

Dena R. Hixon, M.D.

Page 34	Page 36
<p>1 experts that -- are that Bayer has designated for 2 the benign intracranial hypertension cases?</p> <p>3 A. Okay. The one that comes to mind is 4 Feigal, that I've heard his name, but I don't know 5 anything about him.</p> <p>6 Q. Okay. Well, I might be able to make it a 7 little bit simpler for you. You mentioned Feigal. 8 Do you know Dr. Feigal?</p> <p>9 A. No, I do not.</p> <p>10 Q. You didn't work with him at FDA?</p> <p>11 A. No.</p> <p>12 Q. Have you ever talked with him before?</p> <p>13 A. Not that I know of.</p> <p>14 Q. Huh?</p> <p>15 A. Not that I know of.</p> <p>16 Q. Have you talked with or otherwise 17 communicated with any of Bayer's experts in these 18 cases?</p> <p>19 A. No.</p> <p>20 Q. Do you know who Deborah Friedman is?</p> <p>21 A. No.</p> <p>22 Q. So if you don't know her, I'm taking it 23 you've never talked with her or otherwise 24 communicated with Deborah Friedman?</p> <p>25 A. That's correct.</p>	<p>1 Q. Okay. Have you ever, directly or 2 indirectly, for instance, through third parties, 3 communicated with any of the authors of the Rai 4 study?</p> <p>5 A. No, I have not.</p> <p>6 Q. Are you aware of whether anyone from Bayer 7 has, directly or indirectly, for instance, through 8 third parties, communicated with any of the authors 9 of the Rai study?</p> <p>10 MR. IMBROSCIO: Object to the form.</p> <p>11 THE WITNESS: That's not totally clear to 12 me, but I know that Bayer provided an analysis of 13 IIH cases and a signal assessment that discussed 14 that article, and I can't remember clearly whether 15 they had discussed the case with the authors or not.</p> <p>16 BY MR. JONES:</p> <p>17 Q. Do you have some sort of vague 18 recollection that Bayer, directly or indirectly, 19 communicated with the authors of the Rai study?</p> <p>20 A. I'm sorry. I really don't remember.</p> <p>21 Q. Are you aware of any efforts by anyone, 22 whether employed by Bayer or not, to write a 23 response to the Rai study for the purposes of having 24 it published?</p> <p>25 A. What I'm recalling about the Rai study and</p>
<p>1 Q. Since you left FDA, have you ever 2 discussed Mirena with anyone who is employed by FDA?</p> <p>3 A. No.</p> <p>4 Q. Have you read any of the deposition 5 transcripts of the Plaintiffs in these cases?</p> <p>6 A. Any of the deposition transcripts of the 7 Plaintiffs themselves?</p> <p>8 Q. Yes, ma'am.</p> <p>9 A. I don't believe so.</p> <p>10 Q. Okay. And have you ever read any of the 11 deposition transcripts of the health care providers 12 of the Plaintiffs in these cases?</p> <p>13 A. I don't believe so.</p> <p>14 Q. Have you ever heard of Deborah Friedman?</p> <p>15 A. Well, the name sounds familiar and I've 16 seen the -- the request on this asking about Deborah 17 Friedman, but I do not know who Deborah Friedman is.</p> <p>18 Q. Okay. Have you ever talked with or 19 otherwise communicated with any of the authors of 20 the medical journal articles that are cited in your 21 report?</p> <p>22 A. I don't believe so.</p> <p>23 Q. When I say -- when I mention the Rai 24 study, do you understand what I'm referring to?</p> <p>25 A. Yes, I do.</p>	<p>1 anything that had been written about it was 2 basically contained within the signal analysis that 3 was done in 2015. I don't recall one that was done 4 for purposes of publication.</p> <p>5 Q. Okay. So is -- your current knowledge to 6 date is you're not aware of anyone that is planning 7 to write a response to the Rai study for purposes of 8 publication?</p> <p>9 A. That's correct.</p> <p>10 MR. IMBROSCIO: I'm thinking about it, 11 Larry.</p> <p>12 MR. JONES: I'm sorry?</p> <p>13 MR. IMBROSCIO: I'm thinking about it.</p> <p>14 MR. JONES: I've thought about it. They 15 don't care what lawyers like us think.</p> <p>16 BY MR. JONES:</p> <p>17 Q. Are you aware of any efforts by anyone to 18 study the potential association between 19 Levonorgestrel and intracranial hypertension 20 pseudotumor cerebri?</p> <p>21 MR. IMBROSCIO: Objection. Vague.</p> <p>22 THE WITNESS: Can you further clarify?</p> <p>23 BY MR. JONES:</p> <p>24 Q. Oh, sure. I'll break it down.</p> <p>25 Are you aware of any proposed study to be</p>

Dena R. Hixon, M.D.

Page 38	Page 40
<p>1 conducted by Bayer regarding the potential 2 association between Levonorgestrel and benign 3 intracranial hypertension?</p> <p>4 A. As I sit here now, I don't recall any 5 information about that.</p> <p>6 Q. Okay. And are you aware of any efforts by 7 anyone outside of Bayer to conduct a study regarding 8 the potential association between Levonorgestrel and 9 benign intracranial hypertension pseudotumor 10 cerebri?</p> <p>11 A. Again, I'm not aware of any plans to do 12 that, and I'm not aware of any indication for doing 13 that.</p> <p>14 Q. Yet you haven't heard of any studies in 15 the works?</p> <p>16 A. No.</p> <p>17 MR. IMBROSCIO: What time are we at?</p> <p>18 THE REPORTER: 10:00.</p> <p>19 MR. JONES: Do you want to take the 20 one-hour break?</p> <p>21 MR. IMBROSCIO: Sure.</p> <p>22 MR. JONES: Let's go off the record for a 23 break.</p> <p>24 THE VIDEOGRAPHER: The time is 10:02. 25 We'll go off the video record.</p>	<p>1 Q. Okay. And besides -- Bayer -- 2 besides litigation consulting, does your company or 3 you individually do any other type of consulting 4 work?</p> <p>5 A. Yes.</p> <p>6 Q. And what kind of consulting work do you 7 do?</p> <p>8 A. I do a variety of consulting relating to 9 drug development and regulatory issues. Some of 10 that involves helping companies to put together 11 their clinical study reports to submit to FDA or 12 discussing with them particular products that 13 they're interested in bringing to market and what 14 they might need to do in order to accomplish that 15 goal, or doing some due diligence for companies who 16 are looking to acquire either a product or another 17 company and wanting to look into whether there are 18 potential safety issues with the products they have 19 in mind.</p> <p>20 I've also worked with brand name companies 21 whose products are going off patent and they're 22 wanting to estimate how long they have before they 23 will have generic competition so that they can 24 appropriately plan their supply chain.</p> <p>25 I've worked with some generic companies</p>
<p style="text-align: center;">Page 39</p> <p>1 (A recess was taken.)</p> <p>2 THE VIDEOGRAPHER: The time is 10:13.</p> <p>3 Back on the video record.</p> <p>4 BY MR. JONES:</p> <p>5 Q. Dr. Hixon, you were at FDA from January 6 1999 to November 2011; is that correct?</p> <p>7 A. That's correct.</p> <p>8 Q. Okay. And at the time you left FDA, do 9 you remember what your salary was?</p> <p>10 A. At the time I left FDA, I don't remember 11 exactly, but I can give you an approximate number. 12 It was somewhere around 240,000.</p> <p>13 Q. Does \$231,648 sound right?</p> <p>14 A. That's quite possible.</p> <p>15 Q. Okay. And if I understood your testimony 16 correctly earlier today, in 2014, 2015, you received 17 between 150- and \$200,000 for -- from Bayer for your 18 work in the MDL cases; is that correct?</p> <p>19 A. That's correct.</p> <p>20 Q. And in this case so far, you've received 21 approximately \$54,300, correct?</p> <p>22 A. You are including the amount that has not 23 yet been invoiced, correct?</p> <p>24 Q. Correct.</p> <p>25 A. So that's approximate, yes.</p>	<p style="text-align: center;">Page 41</p> <p>1 with basic questions about what they need to do to 2 develop their generic product and -- a variety of 3 other issues that aren't coming to mind at the 4 moment. But --</p> <p>5 Q. Okay.</p> <p>6 A. -- it kind of spans the gamut of new -- 7 new drugs and generic drugs.</p> <p>8 Q. And when you're doing that work, what is 9 your billable hourly rate?</p> <p>10 A. It's the same as for litigation work, 600 11 an hour.</p> <p>12 Q. And you mentioned that you formed 13 Pharmaceutical Life -- Lifecycle Consulting in 14 December of 2011; is that correct?</p> <p>15 A. I think that's correct.</p> <p>16 Q. And so 2012 was your first real year 17 working in that business; is that correct?</p> <p>18 A. That's correct.</p> <p>19 Q. And approximately what were your gross 20 revenues for 2012 for Pharmaceutical Lifecycle 21 Consulting, LLC?</p> <p>22 A. Oh, this is approximate, but it was -- it 23 was not more than 200,000.</p> <p>24 Q. Okay. And then in 2013, what were the 25 approximate gross revenues for Pharmaceutical</p>

Dena R. Hixon, M.D.

Page 42	Page 44
<p>1 Lifecycle Consulting, LLC?</p> <p>2 A. Somewhere over 300,000, I think. I'm --</p> <p>3 I'm not remembering clearly, but that would be my</p> <p>4 guess.</p> <p>5 Q. And what about for 2014?</p> <p>6 A. 2014 I think was a little less. I think</p> <p>7 it was 200-something.</p> <p>8 Q. And what about for 2015?</p> <p>9 A. I think 2015 was very much the same as</p> <p>10 2014. So in the, you know, 250 to 300 range maybe</p> <p>11 for -- for 2015.</p> <p>12 Q. And during 2014 -- during 2014, 2015, were</p> <p>13 you working as a litigation consultant for anyone</p> <p>14 other than Bayer on the MDL cases?</p> <p>15 MR. IMBROSCIO: I'm just going to object</p> <p>16 to the form. Object to the grammar, I think.</p> <p>17 THE WITNESS: I was doing other work</p> <p>18 during that time. I believe that I -- if you look</p> <p>19 at my list of -- of testimonies that are in my -- my</p> <p>20 report, I believe that I may have testified in some</p> <p>21 cases in 2014.</p> <p>22</p> <p>23 BY MR. JONES:</p> <p>24 Q. Okay. It looks like -- thanks for</p> <p>25 referring me to that. It looks like you testified</p>	<p>1 approximately 150- to 200,000 of that revenue,</p> <p>2 correct?</p> <p>3 A. 2014 and 2015?</p> <p>4 Q. Yes.</p> <p>5 A. I believe that's correct.</p> <p>6 Q. Okay. And then you also testified in the</p> <p>7 Anderson v. Janssen Pharmaceuticals and the Royal v.</p> <p>8 Novartis Pharmaceuticals in 2014, so there's --</p> <p>9 there's -- of the -- we'll give you the benefit of</p> <p>10 the doubt again. Of the \$350,000 in remaining gross</p> <p>11 revenues for those years, some portion of that was</p> <p>12 for your work in the Janssen and Novartis cases,</p> <p>13 correct?</p> <p>14 A. That's correct.</p> <p>15 Q. What percentage of your revenues would you</p> <p>16 approximate came from litigation consulting in 2014</p> <p>17 and 2015 versus your other consulting work?</p> <p>18 A. Well, again, I can only guess because I</p> <p>19 don't have those numbers in front of me. So given</p> <p>20 that the litigation work takes a lot more of --</p> <p>21 a lot more time than the other individual projects,</p> <p>22 I believe that it's probably somewhere between 80</p> <p>23 and 90 percent.</p> <p>24 Q. 80 and 90 percent is --</p> <p>25 A. Litigation.</p>
<p style="text-align: center;">Page 43</p> <p>1 in Anderson v. Janssen Pharmaceuticals February</p> <p>2 25th, 26th, 2014. Does that sound correct?</p> <p>3 A. That sounds correct.</p> <p>4 Q. And Royal v. Novartis Pharmaceuticals</p> <p>5 Corporation June 19th, 2014. Does that sound</p> <p>6 correct?</p> <p>7 A. That sounds correct.</p> <p>8 Q. And do you remember approximately how much</p> <p>9 you were paid for your time testifying in the -- in</p> <p>10 those two cases in 2014?</p> <p>11 A. I wouldn't be able to break down the</p> <p>12 amount that I was paid for testifying in each of</p> <p>13 those cases because I had a deposition and then</p> <p>14 testified for three trials. And I wrote a number of</p> <p>15 case-specific reports for that overall project, if</p> <p>16 you will, so I'm not able to break that down.</p> <p>17 Q. Okay. So as I understood your testimony,</p> <p>18 your company generated approximately 250- to 300,000</p> <p>19 in 2015 plus somewhere in the neighborhood of</p> <p>20 200,000 in 2014. So giving you the benefit of the</p> <p>21 doubt, that would be about a half million dollars</p> <p>22 between 2014 and 2015; is that correct?</p> <p>23 A. That's probably correct.</p> <p>24 Q. Okay. And of that, your litigation</p> <p>25 consulting work for Bayer in the MDL cases made up</p>	<p style="text-align: center;">Page 45</p> <p>1 Q. -- litigation consulting?</p> <p>2 A. That's correct.</p> <p>3 Q. Do you have any employees at</p> <p>4 Pharmaceutical Lifecycle Consulting, LLC?</p> <p>5 A. I do not.</p> <p>6 Q. And I have your address as 7304 Carroll</p> <p>7 Avenue, Number 231; is that correct?</p> <p>8 A. That's correct.</p> <p>9 Q. And is that a physical office or is that</p> <p>10 part of the Takoma Postal & Business Center?</p> <p>11 A. That's a mailing address.</p> <p>12 Q. Okay. So you don't go to work at</p> <p>13 7304 Carroll Avenue, Number 231 every day?</p> <p>14 A. That's correct. I -- I have an office</p> <p>15 nearby.</p> <p>16 Q. And where is your office located?</p> <p>17 A. At 7030 Carroll Avenue.</p> <p>18 Q. Is that a home office?</p> <p>19 A. No, it is not.</p> <p>20 Q. Do you share that office with anyone?</p> <p>21 A. It is a -- kind of an office suite where</p> <p>22 different people rent individual office space, if</p> <p>23 that makes sense. So the space I rent is my own</p> <p>24 space, I'm not sharing it with anyone else, but</p> <p>25 within -- within that space, within the -- within</p>

Dena R. Hixon, M.D.

Page 46	Page 48
<p>1 the space at that address, there are about six 2 different offices. 3 Q. Okay. I think we have something like that 4 on the floor above us at our office. 5 So it's a shared common reception area and 6 then each tenant has their own physical individual 7 office; is that right? 8 A. That's correct, except that it really 9 doesn't have a reception area as such. 10 Q. Okay. Does your company have a website? 11 A. No. 12 Q. Has it ever had a website? 13 A. No. 14 Q. How do your potential clients find you? 15 A. It's basically all through word of mouth. 16 I know some other people who previously worked at 17 FDA who are consultants and they had more clients 18 than they were able to handle, so when I started 19 consulting, they would refer clients to me when -- 20 when they couldn't handle the work; and just through 21 word of mouth, from my previous consulting work and 22 from other consultants who -- who know the kind of 23 work I'm doing, referring people to me. 24 Q. And the other consultants that have too 25 much work and refer clients to you, do you pay them</p>	<p>1 MR. IMBROSCIO: You know what I'm getting 2 at? I don't want her -- I don't know if she is or 3 isn't. 4 MR. JONES: Right. 5 MR. IMBROSCIO: I don't want her saying, 6 oh, I'm revealing -- I'm consulting for the blank 7 case and that's news. 8 MR. JONES: No. Yeah. No, I get you. 9 I'm trying to think of a different way to answer 10 the -- ask the question. 11 THE WITNESS: And let me go back and just 12 clarify. Did you say any other consulting work or 13 any other litigation work? 14 BY MR. JONES: 15 Q. Any other litigation consulting work. 16 A. Okay. 17 Q. Without knowing the product -- and I think 18 we're on good ground here -- have you consulted with 19 Janssen on any other litigation -- any other 20 litigation? 21 A. No. 22 Q. And the Royal v. Novartis Pharmaceuticals 23 Corporation case, the one in Cook County, 24 Illinois -- do you know which one I'm talking about? 25 A. Yes, I do.</p>
<p>1 any sort of referral fee? 2 A. No. 3 Q. Have you ever worked for a plaintiff or an 4 individual who alleged that they were injured by a 5 drug or device as a paid litigation consultant? 6 A. No, I have not done that. 7 Q. Other than -- well, let me back up. 8 The Janssen Pharmaceuticals cases, 9 those involved Topamax; is that correct? 10 A. That's correct. 11 Q. Have you ever done any litigation 12 consulting for Janssen for products other than 13 Topamax? 14 MR. IMBROSCIO: I just want to caution the 15 witness that the fact of you consulting as a 16 consulting expert in any litigation is typically not 17 public until you are disclosed, and so I'd ask you 18 to keep that confidentiality in mind as you give 19 your answer on this, if you can answer generally. 20 But, you know, be careful not to reveal any 21 confidences that you -- you must keep given your 22 other relationships. But do your best to answer 23 given that -- given that constraint. 24 THE WITNESS: Okay. And given that 25 constraint, I -- the answer is no.</p>	<p>1 Q. -- what product did that involve? 2 A. That involved Tegretol. 3 Q. Can you spell that? 4 A. Tegretol, carbamazepine. It's T-e-g -- 5 Q. It doesn't -- the generic name doesn't 6 help me. 7 A. T-e-g-r-e-t-o-l, Tegretol. 8 MR. IMBROSCIO: And can you spell the 9 generic name since you've said it -- 10 THE WITNESS: Sure. 11 MR. IMBROSCIO: -- and it will help her? 12 THE WITNESS: C-a-r-b-a-m-a-z-i-n-e, 13 carbamazep -- I left something out. 14 BY MR. JONES: 15 Q. I was going to call you the spelling bee 16 champion, but -- we wouldn't have known the 17 difference. 18 A. C-a-r-b-a-m-a-z-e-p-i-n-e. 19 Q. What is Tegretol? 20 A. Tegretol is an antiepileptic drug. 21 Q. And have you done any litigation 22 consulting work for Novartis other than the Tegretol 23 cases -- case? 24 A. No. 25 Q. I guess since we're going -- since we've</p>

Dena R. Hixon, M.D.

Page 50	Page 52
<p>1 started into the testimony, we might as well talk 2 about that a little bit. 3 You left FDA in November of 2011, right? 4 A. That's correct. 5 Q. Why did you leave? 6 A. I was at a point where the expanding 7 responsibilities of my job and the expanding 8 responsibilities on the home front were no longer 9 compatible and it was time to make a decision, and I 10 made a decision that I needed to have more control 11 over my time so I retired from FDA in order to do 12 something else. 13 Q. Okay. And you formed your consulting 14 company the next month, correct? 15 A. That's correct. 16 Q. And we talked about you're a medical 17 doctor. You're an OB/GYN; is that correct? 18 A. That's correct. I was trained in both 19 family medicine and obstetrics and gynecology. 20 Q. Okay. And once you left FDA, did you -- 21 did you start up an active clinical practice? 22 A. No, I did not. 23 Q. And do you have an active clinical 24 practice today? 25 A. No, I do not.</p>	<p>1 don't want to assume anything. 2 Do you send out a newsletter to current or 3 potential clients? 4 A. No, I do not. 5 Q. Do you have any prepared materials that 6 would, for instance, include a bio on your experience 7 that you present to potential clients? 8 A. No. 9 Q. Do you go to conferences to try to network 10 with potential clients? 11 A. No. I go to conferences for continuing 12 medical education and that sort of thing, but not 13 for the purpose of networking. 14 Q. Well, while you're at those conferences, 15 do you network? 16 MR. IMBROSCIO: Object to the form. 17 THE WITNESS: Not consciously. It's not 18 my motivation. 19 BY MR. JONES: 20 Q. No one wants to be known as the networker. 21 I get it. 22 A. Oh, I don't know. There are advantages to 23 networking, but -- 24 Q. I don't know. Networking has a bad name 25 anymore.</p>
<p style="text-align: center;">Page 51</p> <p>1 Q. So you don't -- you don't see any OB/GYN 2 patients? 3 A. Not now, that's correct. 4 Q. Okay. And you haven't since November of 5 2011 when you left FDA; is that correct? 6 A. I haven't been actively seeing patients 7 since I left private practice at the end of 1998. 8 Q. Okay. When you formed your new consulting 9 company in December of 2011, did you have any 10 consulting clients lined up? 11 A. No, I did not. 12 Q. Do you consult for any companies other 13 than pharmaceutical or medical device companies? 14 A. I -- I've done some consulting work for a 15 financial firm, basically due diligence work for 16 determining whether the company had adequately 17 evaluated any potential safety issues for a product 18 it was acquiring. 19 Q. Okay. I'm not sure that -- if I -- if 20 I've asked you this. If I did, I apologize. But do 21 you do or have you done, since you formed your 22 company in December of 2011, any sort of marketing 23 for clients? 24 A. No, I have not done that. 25 Q. You don't have any -- well, let me -- I</p>	<p style="text-align: center;">Page 53</p> <p>1 When you go to these continuing medical 2 education conferences, do you go to dinner with 3 employees from pharmaceutical companies? 4 A. I haven't, no. 5 Q. Attend shows with any of them? 6 A. I have not. 7 Q. Does FDA have any restrictions on its 8 former employees consulting for pharmaceutical 9 companies after they leave FDA's employment? 10 A. Yes. And that restriction is -- is 11 basically that a former employee is not allowed to 12 testify in a matter that significantly involves the 13 U.S. Government, where they're either a party or 14 have a substantial interest, meaning a financial 15 interest, basically, in the outcome. 16 Q. And I appreciate that. My question is a 17 little different. It's a little nuance. 18 Are there any restrictions on consulting, 19 not litigation consulting necessarily, just 20 consulting? 21 A. I've included the -- the restrictions. 22 There's a -- a CFR citation in my report about that. 23 And nothing comes to mind at the moment with regard 24 to what you just asked, so if you have a more 25 specific question.</p>

Dena R. Hixon, M.D.

Page 54	Page 56
<p>1 Q. No. If you're going to rely on what's in 2 your report, we can just go with that. 3 A. Okay. That's fine. 4 Q. When were you first contacted by Bayer 5 about potentially testifying in this particular 6 litigation? 7 MR. IMBROSCIO: Can you just -- can you 8 just clarify, just because of the -- I think you 9 mean probably your -- your litigation as opposed to 10 Mirena generally. Can you just -- 11 MR. JONES: Yeah. Yes. 12 MR. IMBROSCIO: -- help her out on that 13 distinction just to cut it off? 14 BY MR. JONES: 15 Q. That's where I was going with this 16 particular litigation, but I understand that there 17 may be some confusion. You may have trouble 18 separating the matters out in your mind. 19 So when did someone from Bayer talk to you 20 about testifying in the -- what we'll call the 21 benign intracranial hypertension pseudotumor cerebri 22 litigation? 23 A. As far as contacting me and asking me to 24 begin working on that, that would have been, I 25 think, February of this year.</p>	<p>1 MR. JONES: Right. 2 BY MR. JONES: 3 Q. Are you -- 4 MR. IMBROSCIO: -- at some point. 5 BY MR. JONES: 6 Q. Are you confused by -- you just are not 7 sure about the date? You remember testifying in 8 that litigation, correct? 9 A. Yes, I do. 10 Q. Okay. And from the case style -- which 11 might be too much lawyer lingo. But In Re: Topamax 12 Litigation signals to me that this was some sort of 13 consolidated proceeding of multiple plaintiffs; 14 is that fair? 15 A. That's correct. 16 Q. Okay. 17 A. Yes. 18 Q. And you testified for the defendant in 19 that case, correct? 20 A. That's correct. 21 Q. And that was -- that's Janssen 22 Pharmaceuticals, right? 23 A. That's correct. 24 Q. Okay. And I saw a reference to 25 Ortho-McNeil, Janssen Pharmaceuticals. Was that the</p>
<p>1 Q. And just so the record is clear, that's 2 February of 2016? 3 A. That's correct. 4 Q. Okay. And were you contacted by an 5 employee of Bayer or were you contacted by one of 6 Bayer's attorneys? 7 A. I was contacted by an attorney. 8 Q. During the course of this litigation, the 9 benign intracranial hypertension pseudotumor cerebri 10 litigation -- 11 A. Okay. 12 Q. -- have you communicated with any Bayer 13 employees? 14 A. No, I have not. 15 Q. Okay. Your report says that you testified 16 in the In Re: Topamax Litigation in the Court of 17 Common Pleas, Philadelphia County, Deposition May 18 1st, 2013; is that correct? 19 A. If that's what's in my report, that's 20 correct. 21 Q. Okay. 22 MR. IMBROSCIO: And the record should 23 reflect that the witness doesn't have a copy of 24 her report in front of her. That may be worth 25 looking at --</p>	<p>1 name of the company, or do you have any idea why I 2 would have seen Ortho-McNeil attached to Janssen? 3 A. I'm not sure why you see that reference. 4 I am aware that both Ortho-McNeil and Janssen are 5 both affiliated in some way with Johnson & Johnson. 6 Q. Okay. 7 A. But I don't know the exact relationship 8 between any of them. 9 Q. Okay. I was just trying to figure 10 out -- I don't know enough about the companies to -- 11 to know whether those are separate companies. Do 12 you know, Ortho -- 13 A. Yes, they are separate companies -- 14 Q. They are. 15 A. -- but I don't know any further details 16 about those individual companies and their 17 relationships. 18 Q. Did you -- was your client just Janssen 19 Pharmaceuticals or was your client also Ortho-McNeil; 20 do you remember? 21 A. Of course my interactions were with the 22 attorneys, and my understanding was that it was 23 Janssen. 24 Q. Okay. Fair enough. I just -- merely 25 curious about that.</p>

Dena R. Hixon, M.D.

Page 58	Page 60
<p>1 So the deposition was in 2013, according 2 to your report, May 1st, 2013. So do you have any 3 idea about when you would have begun working on that 4 case?</p> <p>5 A. I believe it was sometime in the fall of 6 2012.</p> <p>7 Q. And what were the -- do you remember what 8 the allegations were in that case from the 9 plaintiffs, the folks that claimed they were 10 injured?</p> <p>11 A. The allegation was that women who had 12 taken the product during pregnancy had babies with 13 birth defects and they believed that they were 14 caused by the product.</p> <p>15 Q. And what was your -- you know, you had 16 mentioned earlier your task in this case. What 17 was your task in that case?</p> <p>18 A. My task in that case was to review the 19 regulatory record and -- and the adverse events, and 20 also to review some individual case reports related 21 to times of exposure and -- and the possibility of 22 the time of exposure coinciding with the formation 23 of the birth defect.</p> <p>24 Q. And was your -- were your opinions about 25 whether or not the product warnings were sufficient</p>	<p>1 opinions in this case; is that correct? 2 A. Let me see if I can answer it in a way I'm 3 comfortable with -- 4 Q. Sure. 5 A. -- because, again, I don't like to be -- 6 making a comparison between the two cases because -- 7 excuse me -- I would look at each individual case 8 without regard to the other cases. 9 However, in both cases, I found that the 10 labeling was appropriate -- 11 Q. Okay. 12 A. -- and that the interactions with FDA were 13 appropriate. 14 Q. Okay. And do you remember whether any of 15 your opinions were excluded or limited by the court 16 in that case? 17 A. No, they were not. 18 MR. JONES: How are we doing on the video? 19 BY MR. JONES: 20 Q. Did you testified at some of these Topamax 21 trials, correct? 22 A. That's correct. 23 Q. Okay. And you testified, according to 24 this, at the -- is it -- C-z-i-m-m-e-r. Do you 25 remember --</p>
<p>1 to warn the users of these birth defects?</p> <p>2 A. It was about the adequacy of the labeling 3 in that regard.</p> <p>4 Q. And was it also about whether or not the 5 company complied with FDA regulations?</p> <p>6 A. That's correct.</p> <p>7 Q. And your opinion was that the warnings 8 were strong enough and the company complied with the 9 regulations?</p> <p>10 A. My opinion was that the warnings were 11 appropriate at the time of the event.</p> <p>12 Q. So it sounds like your the opinions 13 you gave in that case were pretty similar to 14 your task in this case, your opinions in this 15 case; is that fair to say?</p> <p>16 A. I am a little uncomfortable kind of 17 comparing that case and this case because they're 18 different products and they're different cases.</p> <p>19 Q. Right.</p> <p>20 A. So can you ask that in any other way?</p> <p>21 Q. Yeah, I will because that -- that's fair.</p> <p>22 Putting -- taking out the product and -- 23 and the injuries allegedly caused in a case, from 24 kind of a global FDA regulatory expert kind of role, 25 your opinions in that case were similar to your</p>	<p>1 A. Czimmer. 2 Q. Just Czimmer -- 3 A. Czimmer. 4 Q. -- silent C? 5 Okay. You testified in the Czimmer case, 6 according to this, October 28th, 29th, 2013. Does 7 that sound about correct? 8 A. That sounds correct. 9 Q. Okay. And were you testifying in that 10 case that you thought the warnings were appropriate 11 and the company's interactions with FDA were 12 appropriate? 13 A. That's correct. 14 Q. Okay. And the jury in that case, they 15 disagreed, didn't they? 16 A. Well -- 17 MR. IMBROSCIO: I'm going to object to the 18 form of the question. 19 You can -- 20 BY MR. JONES: 21 Q. You can answer. 22 A. I -- clearly the jury decided in favor of 23 the plaintiff in that case. However, exactly what 24 the jury disagreed with, I don't know. So whether 25 they were disagreeing with my testimony or they were</p>

Dena R. Hixon, M.D.

Page 62	Page 64
<p>1 disagreeing with other testimony is not clear. 2 Q. Do you agree that the jury disagreed that 3 the labeling was adequate and/or the company's 4 interactions with FDA were inadequate? 5 MR. IMBROSCIO: Object to the form. 6 Compound. 7 THE WITNESS: Well, insofar that that was 8 a -- a part of the basis for the entire trial and 9 they decided on behalf of the plaintiff, clearly 10 they were disagreeing in general with the -- with 11 the defendant. 12 BY MR. JONES: 13 Q. Okay. And according to my research, the 14 jury awarded \$562,184.68 in future health care costs 15 and another \$3,440,000 for pain and suffering. Is 16 that consistent with your recollection? 17 A. That's consistent with my recollection, 18 yes. 19 Q. Okay. And then you next -- the next 20 Topamax case you testified in was Powell v. Janssen 21 Pharmaceuticals. Here it's -- in your report, it 22 says November 12th, November 13th, 2013. Does that 23 sound correct? 24 A. That's correct. 25 Q. And you gave the same opinions in the</p>	<p>1 A. They did. 2 Q. I think we're coming to the end of the 3 tape, so let's go off the record so he can change 4 tapes. 5 A. Okay. 6 THE VIDEOGRAPHER: The time is 10:53 a.m. 7 This is the end of Disc Number 1. We'll go off the 8 video record. 9 (A recess was taken.) 10 THE VIDEOGRAPHER: This is the beginning 11 of Disc Number 2 in the deposition of 12 Dr. Dena Hixon. The time is 11:03 a.m. We're back 13 on the video record. 14 BY MR. JONES: 15 Q. Dr. Hixon, we're back after a break. 16 Before we went off, we were talking about the cases 17 that you had testified in. The next one on your 18 list is Anderson v. Janssen Pharmaceuticals. And I 19 have that you testified February 25th, 26th, 2014. 20 Does that sound about correct? 21 A. That sounds correct. 22 Q. Okay. And did you give the same opinions 23 in the Anderson case that you gave in Powell and 24 Czimer? 25 A. Yes.</p>
<p style="text-align: center;">Page 63</p> <p>1 Powell case, correct? 2 A. When you say "the same," I don't know that 3 it was exactly the same, but yes, it was at least 4 similar opinions. 5 Q. I mean, did you modify your testimony in 6 the two weeks between the Czimer and the Powell 7 trials? 8 A. Well, obviously, I didn't say the same 9 words and it was a different situation, but my 10 opinion was still the same as it had been in my 11 report. 12 Q. Which was that the product labeling was 13 adequate to warn the plaintiff of the alleged risks, 14 correct? 15 A. That the product labeling was appropriate 16 at the time. 17 Q. Okay. And that the interactions with FDA 18 at the time of approval were also adequate, correct? 19 A. That's correct. 20 Q. And once again, the jury disagreed with 21 you, didn't they? 22 A. Again, the -- as in the other case, the 23 jury decided in favor of the plaintiff. 24 Q. The jury -- the jury awarded about 25 \$11 million to the plaintiff in that case, correct?</p>	<p style="text-align: center;">Page 65</p> <p>1 Q. Okay. And, again, the jury disagreed with 2 you in that case, didn't they? 3 A. And, again, I would say I'm not sure just 4 what the jury disagreed with, but they decided in 5 favor of the plaintiff again. 6 Q. And they awarded the plaintiff about 7 \$3 million in that case; is that correct? 8 A. I believe that's correct. 9 Q. Okay. And in the -- in the Topamax cases, 10 isn't it true that the plaintiffs alleged that 11 within a year of approval by the FDA that the 12 company knew of an increased risk for birth defects 13 including cleft palates? 14 MR. IMBROSCIO: Object to the form. 15 THE WITNESS: That's what they alleged. 16 BY MR. JONES: 17 Q. And isn't it true that the plaintiffs 18 alleged that the pharmaceutical company in that case 19 didn't tell the doctors about that information? 20 MR. IMBROSCIO: Object to the form. 21 THE WITNESS: Again, yes, that's what they 22 alleged. 23 BY MR. JONES: 24 Q. And isn't it true that the pharmaceutical 25 company claimed that the reports of cleft lip or</p>

Dena R. Hixon, M.D.

Page 66	Page 68
<p>1 cleft palate never exceeded the background rates 2 after 10 years of experience with the medicine? 3 A. As far as I recall, that is true. 4 Q. What is the status of the coordinated 5 Topamax litigation in Pennsylvania? Is it still 6 ongoing? 7 A. I really don't know for sure what the 8 current status is. 9 Q. Okay. You've -- it looks like the last 10 time you testified was a little bit over two years 11 ago. You don't have any indications that you're 12 going to be asked to testify again at a future 13 trial? 14 A. I don't have any indications at this time 15 one way or another about that. 16 Q. But nothing's on the schedule? There's no 17 scheduled trial date that you're supposed to testify 18 at? 19 A. I'm not scheduled, as far as I know, to 20 testify. 21 Q. Okay. Then going to the next case, Royal 22 v. Novartis Pharmaceuticals Corporation, June 19th, 23 2014. This was the Tegretol case? 24 A. That's right. 25 Q. Okay. And you gave a deposition in that</p>	<p>1 Q. Going back to the Royal case for a second. 2 Do you remember what the plaintiffs alleged in that 3 case? 4 A. Excuse me. The plaintiffs alleged that 5 the company had not adequately warned about the 6 potential for Tegretol to result in -- for the use 7 of Tegretol to result in blindness. 8 Q. Okay. And do you remember anything else 9 about what the plaintiffs alleged in that case? 10 A. I don't specifically remember the 11 allegations. 12 Q. Okay. Well, do you remember what your 13 opinions were in the Royal v. Novartis 14 Pharmaceuticals case? 15 A. My opinions were that the labeling was 16 adequate in that they warned about Stevens-Johnson 17 syndrome which was the cause of the visual impairment. 18 Q. Did you also testify in that case that the 19 company's interactions with FDA were appropriate? 20 A. I don't specifically remember whether that 21 was a -- a part of the opinions at that point for 22 that case. 23 Q. Okay. And your deposition was in June of 24 2014 in that case. Do you remember approximately 25 when you were hired to work on that litigation?</p>
<p style="text-align: center;">case? 2 A. I did, yes. 3 Q. Okay. And that case -- it looks like 4 that's coming up on two years since you gave the 5 deposition in the Royal case. Did that case ever go 6 to trial? 7 A. No, it did not. 8 Q. Okay. Has it settled or is there a trial 9 date that's been scheduled? 10 A. I understand that it settled at mediation. 11 Q. Okay. We'll talk about the Mirena MDL in 12 a second, but before we get there, I want to talk 13 about before you were involved with the MDL. Had 14 you ever worked with any of the attorneys at Shook 15 Hardy & Bacon? 16 A. No, I had not. 17 Q. Okay. And had you ever worked with any of 18 the attorneys at the Goldman Ismail firm? 19 A. No, I had not. 20 Q. And had you ever worked with any attorneys 21 at the Covington & Burling firm? 22 A. Not that I recall. 23 Q. Okay. What about a law firm called Eckert 24 Seamans? Have you ever worked with them before? 25 A. I don't remember them.</p>	<p style="text-align: center;">A. I can only give an estimate. And I 2 believe that that was about three months prior to 3 the deposition. I'm not real sure. 4 Q. Okay. 5 MR. JONES: Did you hand me a list of a 6 supplemental reviewed and relied -- 7 MS. NATALE: Yeah. They gave us one copy. 8 MR. JONES: Oh, wasn't there just a -- 9 wasn't there a single sheet? 10 MS. NATALE: Yeah, it was a single sheet. 11 MR. IMBROSCIO: We have other copies. You 12 need some more copies of something? 13 BY MR. JONES: 14 Q. Yeah, I just want to look at this 15 supplemental list of materials reviewed, Dena Hixon, 16 that's been handed to you by counsel. 17 Were these -- were these documents -- did 18 you review these transcripts and depositions and 19 labeling before you signed your 37-page report? 20 A. No, I did not. 21 Q. Okay. This is something you've reviewed 22 since you submitted your report? 23 A. That's correct. 24 Q. And these aren't cited via footnote in 25 your report; is that correct?</p>

Dena R. Hixon, M.D.

Page 70	Page 72
<p>1 A. That's correct.</p> <p>2 MR. JONES: Let's go -- let's just make</p> <p>3 that Deposition Exhibit 2 since she looked at it.</p> <p>4 (Exhibit 2 was marked for identification</p> <p>5 and is attached to the transcript.)</p> <p>6 MR. IMBROSCIO: Larry, you may have this.</p> <p>7 Do you mind if I just mark her report so she has it</p> <p>8 in front of her? You -- you're referring to it from</p> <p>9 time to time and --</p> <p>10 MR. JONES: Yeah.</p> <p>11 MR. IMBROSCIO: -- it's useful to have it</p> <p>12 in front of her.</p> <p>13 MR. JONES: That's fine. I just don't</p> <p>14 have a copy. I figured --</p> <p>15 MR. IMBROSCIO: Okay.</p> <p>16 MR. JONES: -- she'd have a copy.</p> <p>17 MR. IMBROSCIO: Yeah. Let's go ahead and</p> <p>18 mark that 3, then, just for good order sake.</p> <p>19 (Exhibit 3 was marked for identification</p> <p>20 and is attached to the transcript.)</p> <p>21 MR. IMBROSCIO: There you go.</p> <p>22 THE WITNESS: Thank you.</p> <p>23 BY MR. JONES:</p> <p>24 Q. Now, I understand that you were involved</p> <p>25 with the Mirena approval decision back in 2000; is</p>	<p>1 the Mirena MDL.</p> <p>2 So you are currently an expert in the</p> <p>3 Mirena -- In Re: Mirena IUD Products Liability</p> <p>4 Litigation; is that correct?</p> <p>5 A. That's correct.</p> <p>6 Q. Okay. And it looks like from this you</p> <p>7 gave deposition testimony on September 22nd, 2015;</p> <p>8 is that correct? I'm on page 4.</p> <p>9 A. I'm just looking for the date.</p> <p>10 Yes, that's correct.</p> <p>11 Q. Okay. And when were you first contacted</p> <p>12 to be involved in the In Re: Mirena IUD Products</p> <p>13 Liability Litigation MDL?</p> <p>14 A. I believe that was late in 2013.</p> <p>15 Q. And do you remember who contacted you to</p> <p>16 become involved in that?</p> <p>17 A. I believe it was Hunter Ahern at Shook</p> <p>18 Hardy Bacon.</p> <p>19 Q. Okay. When you were at FDA, did you have</p> <p>20 any social interactions with employees from Bayer?</p> <p>21 A. No.</p> <p>22 Q. None of them -- none of Bayer employees</p> <p>23 were your social friends?</p> <p>24 A. No.</p> <p>25 Q. Okay. Are you -- do you consider any</p>
<p>1 that correct?</p> <p>2 A. That is correct.</p> <p>3 Q. Okay. And were you the team leader for</p> <p>4 that approval?</p> <p>5 A. I was.</p> <p>6 Q. And other than the 2000 initial approval,</p> <p>7 did you remain involved with the Mirena product over</p> <p>8 the course of your remaining career at FDA?</p> <p>9 A. No, because I left the division in 2002 so</p> <p>10 I would not have had any involvement with Mirena</p> <p>11 after that time.</p> <p>12 MR. IMBROSCIO: After 2002, you mean?</p> <p>13 MR. JONES: Right.</p> <p>14 THE WITNESS: That's correct. Sorry.</p> <p>15 MR. IMBROSCIO: That's fine. Just making</p> <p>16 sure you had it right.</p> <p>17 BY MR. JONES:</p> <p>18 Q. And tell me, while you were at FDA, were</p> <p>19 you ever involved in any sort of regulatory</p> <p>20 activities involving Topamax or Tegretol?</p> <p>21 A. I don't believe so.</p> <p>22 Q. Okay. But you weren't involved in the</p> <p>23 approvals of Topamax or Tegretol?</p> <p>24 A. That's correct.</p> <p>25 Q. Oh, I almost forgot to talk to you about</p>	<p>1 employees at Bayer to be your friends today?</p> <p>2 A. No.</p> <p>3 Q. But when you were at FDA, you did have</p> <p>4 contact -- business contact with Bayer employees,</p> <p>5 correct?</p> <p>6 A. Yes.</p> <p>7 Q. And who would you have -- do you remember</p> <p>8 the names of some of the folks at Bayer that you</p> <p>9 would have had contacts with?</p> <p>10 A. All I can say is that when I saw the names</p> <p>11 on some of the deposition transcripts that they were</p> <p>12 familiar to me. I'm not sure if I personally had</p> <p>13 had any discussions with them or not.</p> <p>14 Q. Okay. What's the -- what are the</p> <p>15 plaintiffs alleging in the In Re: Mirena IUD</p> <p>16 Products Liability Litigation?</p> <p>17 A. The allegation is primarily that uterine</p> <p>18 perforations can occur at a time later than the</p> <p>19 insertion and that that is a separate adverse event</p> <p>20 that has not been adequately warned of.</p> <p>21 Q. Okay. And do I understand correctly that</p> <p>22 your task in that litigation is focused on the</p> <p>23 warning aspect of the case versus the mechanism</p> <p>24 of whether or not it could even occur?</p> <p>25 A. That's correct.</p>

Dena R. Hixon, M.D.

Page 74	Page 76
<p>1 Q. Okay.</p> <p>2 A. But in that case, it's very hard to -- to</p> <p>3 totally separate the -- the mechanism idea from the</p> <p>4 warning.</p> <p>5 Q. Okay. All right. And other than the</p> <p>6 plaintiffs' allegations that the company has failed</p> <p>7 to adequately warn about this migration perforation,</p> <p>8 do they allege any other sort of allegations that</p> <p>9 you've been retained to testify about?</p> <p>10 Let me -- that's kind of a confusing</p> <p>11 question.</p> <p>12 A. That is a confusing question.</p> <p>13 Q. Let me simplify it.</p> <p>14 A. Okay.</p> <p>15 Q. In sum and substance -- I mean, we've</p> <p>16 talked about in cases you talk about, you've</p> <p>17 testified about the adequacy of a company's warning</p> <p>18 that's on their product. And then kind of prong</p> <p>19 two, as I'll call it, is that the company's</p> <p>20 interactions with FDA were adequate as well.</p> <p>21 Are those the same two prongs that you</p> <p>22 have been retained to testify about in the Mirena</p> <p>23 MDL?</p> <p>24 A. In general, yes.</p> <p>25 Q. Okay.</p>	<p>1 regulation process.</p> <p>2 Q. Okay. Well, let me ask the question this</p> <p>3 way. If you were at a conference of</p> <p>4 epidemiologists, would you feel comfortable standing</p> <p>5 up and saying, I am an expert in epidemiology?</p> <p>6 A. I would not do that, no.</p> <p>7 Q. Okay. You wouldn't feel comfortable doing</p> <p>8 that?</p> <p>9 A. Right. I -- I understand the role of an</p> <p>10 expert in litigation to be someone who has more</p> <p>11 knowledge than the average person in that field and</p> <p>12 therefore can help the jury to understand the</p> <p>13 application of that kind of data.</p> <p>14 Q. And if you were at a conference of</p> <p>15 neuro-ophthalmologists, would you feel comfortable</p> <p>16 standing up and saying that you are an expert in</p> <p>17 benign intracranial hypertension pseudotumor</p> <p>18 cerebri?</p> <p>19 A. Absolutely not.</p> <p>20 Q. Okay.</p> <p>21 A. But, again, from the point of view of</p> <p>22 being able to explain this kind of event and -- and</p> <p>23 the FDA use of that data, yes.</p> <p>24 Q. What are the symptoms of pseudotumor</p> <p>25 cerebri?</p>
Page 75	Page 77
<p>1 A. My role is purely as a regulatory expert,</p> <p>2 not as a causation expert or as a medical expert or</p> <p>3 any other role.</p> <p>4 Q. Epidemiology expert?</p> <p>5 A. Correct.</p> <p>6 Q. Okay. And is the same true in this</p> <p>7 particular case, your -- you've been retained,</p> <p>8 your task is as a -- a regulatory expert, right?</p> <p>9 A. That's correct.</p> <p>10 Q. Not as a medical expert, right?</p> <p>11 A. Right. My understanding is that I'm here</p> <p>12 as a regulatory expert.</p> <p>13 Q. Okay. Not as an epidemiology expert?</p> <p>14 A. That's correct.</p> <p>15 Q. Not as a pharmacokinetics expert?</p> <p>16 A. That's correct.</p> <p>17 Q. Not as an IIH expert?</p> <p>18 A. That's correct.</p> <p>19 Q. And maybe I should -- I'm sorry. Go on</p> <p>20 and finish. I didn't mean to interrupt you.</p> <p>21 A. I thought that perhaps I should clarify</p> <p>22 that although my role is not to be an expert in</p> <p>23 those fields, I do have some expertise in those</p> <p>24 fields just by virtue of the kind of work I did at</p> <p>25 FDA that incorporated those kinds of data into the</p>	<p>1 A. The most common symptoms are headache or a</p> <p>2 change in pattern or severity of preexisting</p> <p>3 headaches or -- and/or visual -- it's most often</p> <p>4 described as visual obscuration. So visual changes</p> <p>5 at any rate.</p> <p>6 Q. Okay. Anything else?</p> <p>7 A. Well, are you -- you asked about symptoms,</p> <p>8 so are you including signs as well as symptoms?</p> <p>9 Q. Sure, signs --</p> <p>10 A. So --</p> <p>11 Q. What are the signs and symptoms of --</p> <p>12 A. Well, symptoms are what the patient would</p> <p>13 notice and complain about, and signs are what the</p> <p>14 physician would notice on examination. So the</p> <p>15 predominant sign of intracranial hypertension,</p> <p>16 including, you said, pseudotumor cerebri, the -- the</p> <p>17 cardinal sign would be a finding of papilledema on</p> <p>18 examining the eyes.</p> <p>19 Q. Okay. Any other signs of pseudotumor</p> <p>20 cerebri?</p> <p>21 A. Clearly elevated intracranial pressure,</p> <p>22 which is generally something that requires a lumbar</p> <p>23 puncture in order to know about that.</p> <p>24 Q. Okay. Any others?</p> <p>25 A. Those are the primary ones that come to</p>

Dena R. Hixon, M.D.

Page 78	Page 80
<p>1 mind.</p> <p>2 Q. Okay. So --</p> <p>3 A. There are probably others.</p> <p>4 Q. -- those were the signs, you said?</p> <p>5 A. Well --</p> <p>6 Q. Versus the symptoms?</p> <p>7 A. -- first was the symptoms and the second 8 was the signs.</p> <p>9 Q. Okay. So --</p> <p>10 A. The signs are what are found on 11 examination.</p> <p>12 Q. Okay. So let's go back to the symptoms, 13 then. Other than headache, visual obscurations, 14 what are the other symptoms of pseudotumor cerebri?</p> <p>15 A. They aren't coming to mind at the moment.</p> <p>16 Q. Okay. What's the cause of pseudotumor 17 cerebri?</p> <p>18 A. It's unknown.</p> <p>19 Q. What are the risk factors of pseudotumor 20 cerebri?</p> <p>21 A. Okay. The only risk factors that have 22 been demonstrated are female sex, childbearing age, 23 overweight or obesity, and recent weight gain, 24 recent significant weight gain.</p> <p>25 Q. Okay. Any others?</p>	<p>1 overweight women of childbearing age in the United 2 States develop pseudotumor cerebri?</p> <p>3 A. So the available information suggests that 4 it's approximately 19 or 20 per hundred thousand per 5 year of obese or overweight women of childbearing 6 age.</p> <p>7 Q. And what study are you getting that from? 8 Is it the Durcan study?</p> <p>9 A. No, I don't -- give me one minute.</p> <p>10 Okay. It was the Durcan study. And I 11 believe similar numbers have been reported in the 12 Wall and Lee studies.</p> <p>13 Q. And do you know how many individuals 14 participated in the Durcan study?</p> <p>15 A. I don't remember the population that was 16 evaluated in the Durcan study, but that certainly 17 was not the kind of trial where people were selected 18 to enroll in the trial and followed over time. That 19 was more of an epidemiological population study.</p> <p>20 Q. So you don't remember how many people were 21 involved in that study?</p> <p>22 A. No, I'm sorry, I don't.</p> <p>23 Q. Do you remember how the information was 24 gathered from the study participants?</p> <p>25 A. Do you have a copy of the Durcan study</p>
Page 79	Page 81
<p>1 A. There has been some suggestion of various 2 drugs that may possibly be associated, but in 3 general, the -- the studies that have been published 4 haven't really shown strong evidence of that.</p> <p>5 Q. Is there a difference between a risk 6 factor and an association?</p> <p>7 A. Well, a risk factor isn't necessarily a 8 causal factor, but it is basically a strong enough 9 association that one would -- would correlate the -- 10 the finding with -- with those factors. So the 11 finding of pseudotumor cerebri is often correlated 12 with women of childbearing age who are overweight or 13 obese and/or have had recent significant weight 14 gain.</p> <p>15 Q. You agree that obesity doesn't cause 16 pseudotumor cerebri, correct?</p> <p>17 A. I don't believe anybody knows the answer 18 to that. There's an association there, but the 19 mechanism of -- that causes pseudotumor cerebri, to 20 my understanding, is not known.</p> <p>21 Q. Do you know why obesity -- what mechanism 22 makes obesity a risk factor for pseudotumor cerebri?</p> <p>23 A. That is not known, to my knowledge.</p> <p>24 Q. What -- you mentioned that -- strike that.</p> <p>25 Do you know what percentage of obese or</p>	<p>1 available?</p> <p>2 Q. No.</p> <p>3 A. Well, my recall of the Durcan study, I 4 believe this is the -- the study where queries were 5 sent to all of the neurologists, I think, in the 6 state of Iowa and also in the state of Louisiana, 7 and they asked for information about the number of 8 patients that -- that the physicians had seen with 9 the diagnosis of -- of idiopathic intracranial 10 hypertension. And they continued to follow up over 11 a period of time with similar queries to the 12 physicians and they compared those results to the 13 population in those states.</p> <p>14 Q. Do you remember what the response rate was 15 from the physicians?</p> <p>16 A. I don't remember exactly what the response 17 rate was, but the authors were comfortable with the 18 results they got because of the -- the follow-up. 19 And they discovered from -- from follow-ups that the 20 physicians who hadn't responded -- in general they 21 hadn't responded because they hadn't seen any 22 patients with that diagnosis. And they felt that -- 23 that their methods of follow-up had been adequate 24 to -- to give that determination.</p> <p>25 Q. So the Durcan study authors sent out</p>

Dena R. Hixon, M.D.

Page 82	Page 84
<p>1 questionnaires to health care providers seeking 2 information about cases of pseudotumor cerebri that 3 they'd seen. Is that a fair representation of what 4 your understanding is?</p> <p>5 A. Specifically to the health care providers 6 who would have managed patients with that diagnosis.</p> <p>7 Q. Is there anything wrong with sending out 8 questionnaires as part of a study?</p> <p>9 A. Well, clearly there are different methods 10 to do studies, but this kind of study is a -- you 11 know, it's looking -- it's looking for rates within 12 the population. And when this study was done -- my 13 understanding is that this was at a time when there 14 were not the same kind of large databases available 15 that we have now to be able to gather this kind of 16 information and that that was probably the -- the 17 best method they had to do it.</p> <p>18 But, yes, of course there are always some 19 drawbacks to any study. And within this study, one 20 would be concerned about lack of response from some 21 doctors.</p> <p>22 Q. But you still consider this to be good, 23 sound scientific evidence?</p> <p>24 A. Well, all of the -- that's not the only 25 study that has given similar results with regard to</p>	<p>1 In women of childbearing age, the rate is 2 about three to four per hundred thousand. And when 3 that -- when the population considered includes only 4 women who are 10 percent or more above their ideal 5 weight, it is in the range of maybe 15 -- I think 15 6 was the number that was given -- per hundred 7 thousand. And in women who are 20 percent or more 8 above their ideal weight, it is about 19 per hundred 9 thousand women.</p> <p>10 BY MR. JONES:</p> <p>11 Q. In the Durcan study, were any controls 12 used by the authors?</p> <p>13 A. I'm sorry. You would have to give me 14 that -- that paper to review again because I don't 15 remember the -- the details of that study.</p> <p>16 Q. Are the details of the studies that you 17 review and rely upon for purposes of presenting an 18 expert report, are the details important?</p> <p>19 MR. IMBROSCIO: Object to the form.</p> <p>20 Argumentative.</p> <p>21 THE WITNESS: You know what, in -- in 22 these cases, you have to look at the details of the 23 study or you don't know what they did, or there are 24 a lot of confounders that can be present in these 25 studies. So yes.</p>
<p>1 the population incidence of -- of -- of idiopathic 2 intracranial hypertension.</p> <p>3 Q. My question is different.</p> <p>4 Do you consider the Durcan study to be 5 sound scientific evidence to support the proposition 6 that you've cited in the expert report you've 7 tendered in this case?</p> <p>8 A. And what I'm saying by mentioning that 9 there are other studies is that, yes, I think that's 10 sound science. I think any study needs to be 11 confirmed with other studies, and I think we have 12 that in this case because there were multiple 13 studies. There have been multiple studies that have 14 presented similar results.</p> <p>15 Q. Isn't it true that actually the ranges are 16 kind of all over the board?</p> <p>17 MR. IMBROSCIO: Object to the form.</p> <p>18 Vague.</p> <p>19 THE WITNESS: Well, the ranges vary 20 somewhat, but the studies have pointed out, for 21 instance, that the rates within the general 22 population are about one per hundred thousand. And 23 certainly in some other countries they are somewhat 24 different, because they're somewhat lower in Japan 25 and somewhat higher in Benghazi.</p>	<p>1 BY MR. JONES:</p> <p>2 Q. Are the details important?</p> <p>3 A. Yes, they are.</p> <p>4 Q. Okay. In the Durcan study, did they 5 control for the confounder of women who were using 6 contraceptive products?</p> <p>7 MR. IMBROSCIO: Object to the form.</p> <p>8 THE WITNESS: Again, if you can show me 9 that article, I can better remember the details.</p> <p>10 BY MR. JONES:</p> <p>11 Q. Ma'am, with all due respect, you're the 12 expert. Do you remember the details of the studies 13 that you've relied upon in your expert report?</p> <p>14 MR. IMBROSCIO: Objection.</p> <p>15 THE WITNESS: I have not committed those 16 to memory.</p> <p>17 Sorry.</p> <p>18 MR. IMBROSCIO: Objection. Argumentative.</p> <p>19 The witness has answered.</p> <p>20 BY MR. JONES:</p> <p>21 Q. What were some of the other studies that 22 you referred to for your conclusion that obesity and 23 overweight is a proven risk factor for pseudotumor 24 cerebri?</p> <p>25 A. The Lee and Wall -- it's not really a</p>

22 (Pages 82 to 85)

Dena R. Hixon, M.D.

Page 86	Page 88
<p>1 study, but it's a Lee and Wall publication in 2 UpToDate 2015 and -- 3 Q. Which footnote are you referring to? 4 A. Footnote 134. 5 Q. Okay. Let me ask you a question about Lee 6 and Wall. Did -- these authors, did they do their 7 own epidemiology study in this article? 8 A. Again, if you can provide me with those 9 articles, I can better remember the details of the 10 articles. 11 Q. But you don't remember it as you sit here right now? 12 A. No, I have not committed them to memory. 13 Q. What other studies do you rely upon for 14 your conclusion that obesity and overweight and 15 recent weight gain are proven associations with the 16 development of pseudotumor cerebri? 17 A. Well, there's footnote 135, the Daniels 18 study. There's footnote 136, the Ko study -- or I 19 should say the presentation. I think there may be 20 some others that aren't coming to mind at the 21 moment, but -- 22 Q. Okay. Well, let's go to -- let's go to 23 footnote 135, the Daniels Profiles of Obesity, 24 Weight Gain and Quality of Life in Idiopathic</p>	<p>1 clear, you are declining her request for a copy of 2 the article? 3 MR. JONES: It's not my responsibility. 4 MR. IMBROSCIO: Okay. That's fine. 5 That's fine. 6 BY MR. JONES: 7 Q. Any other epidemiology studies that you've 8 reviewed that support your conclusion that obesity, 9 overweight, and recent weight gain are proven 10 associations or risk factors for the development of 11 pseudotumor cerebri? 12 A. Give me a minute. I want to look at -- at my reference list and at my review. 13 Let me read to you from my report because I think this summarizes the data from those studies. 14 Q. What page are you reading from? 15 A. I'm on page 21. 16 So although the overall annual incidence 17 of IIH was estimated to be approximately 1 per 18 100,000 person-years in the general population, 19 based on data from 30 years ago, IIH is markedly 20 more common in women of childbearing age 21 (approximately 3.5 per hundred thousand), and most 22 common in the subset of those women who are 23 overweight, obese, or have experienced recent weight</p>
<p style="text-align: center;">Page 87</p> <p>1 Intracranial Hypertension. Did that author conduct 2 an epidemiology study? 3 A. I'm sorry. I'm not remembering the 4 details of how that -- how that was done, and I 5 would appreciate it if you could provide me the 6 article. 7 Q. Footnote 136, the Ko Weight Gain and 8 Recurrence in Idiopathic Intracranial Hypertension, 9 a Case Control Study, can you tell me how many 10 individuals were studied in that case control study? 11 A. I have not committed that to memory. 12 Q. Do you know how many participants were involved in that study? 13 A. I don't remember that. 14 Q. Do you know what the methods of that study were? 15 A. Well, it was clearly a case control study according to its title. 16 Q. How did they gather the information in their case control study? 17 A. If you can give me the article, I will be glad to refresh my memory on that. 18 Q. Have you reviewed any other epidemiology -- 19 MR. IMBROSCIO: Just so the record is</p>	<p style="text-align: center;">Page 89</p> <p>1 gain. One study found that women between ages 20 2 and 44 who were 10 percent or more over ideal body 3 weight had an incidence rate of 14.85 per hundred 4 thousand women-years, and that similarly aged women 5 who were 20 percent or more over ideal weight had an 6 incidence rate of 19.3 per hundred thousand women. 7 Other studies have yielded similar findings, and a 8 prospective study of 50 patients diagnosed with IIH 9 found that 94 percent of them were obese. 10 MR. IMBROSCIO: If you can slow it down for the court reporter. 11 THE WITNESS: I'm sorry. 12 MR. IMBROSCIO: She's having a tough time keeping up. She's going fast. 13 THE WITNESS: Thank you. 14 Epidemiological -- epidemiology studies 15 have consistently found excess weight to be a risk factor for developing IIH, and recent weight gain 16 appears to be an independent risk factor. As the 17 U.S. population has become heavier in the decades 18 since the original 1 in 100,000 person-years 19 incidence rate was calculated, one would expect a 20 higher overall incidence rate of IIH in the general 21 population. Interestingly, while systemic estrogen 22 levels tend to be high in obese women, progesterone 23 levels tend to be low in obese women, progesterone</p>

Dena R. Hixon, M.D.

Page 90	Page 92
<p>1 levels tend to be lower. 2 And the footnotes in all of that are 3 footnote 132 through footnote 137. So we have 4 references from Durcan, Wall, Lee, Daniels, Ko, and 5 Yeung. 6 BY MR. JONES: 7 Q. Okay. And we've talked about all of those 8 except for footnote 133, Idiopathic Intracranial 9 Hypertension. A Prospective Study of 50 Patients. 10 Do you -- do you know how the study 11 authors gathered the information about the 50 12 patients in the prospective study cited in footnote 13 133? 14 A. Well, this basically -- in my report, I 15 said that a prospective study of 50 patients who had 16 already been diagnosed with IIH found that 17 94 percent of them were obese. 18 Q. Okay. 19 A. So it's looking at patients who already 20 have that diagnosis and determining what their 21 characteristics are. 22 Q. And where do -- where do the authors of 23 this study get their information on these 50 24 patients? 25 A. Again, I believe that is in the article,</p>	<p>1 A. Well, that was the study that looked at 2 systemic levels of estrogen and of progesterone in 3 obese women. And it showed that the levels of 4 estrogen were higher in obese women, and it is well 5 known that fatty tissue produces estrogen. But it 6 also showed that progesterone levels were lower, 7 which goes against the -- the suggestion that it's 8 the progesterone in IIH that might be responsible 9 for women who have developed IIH while using 10 Norplant. 11 Q. Okay. And did you provide me with any 12 information different than the sentence that you 13 wrote citing to footnote 137 where you say: 14 Interestingly, while systemic estrogen levels tend 15 to be higher in obese women, progesterone levels 16 tend to be lower? Did you -- in your answer, did 17 you provide me with any information that's different 18 about that study or expands upon what happened in 19 that study than what's in that sentence? 20 A. No, I didn't. And I would be happy to do 21 that if I have -- if you can provide me with a copy 22 of that. 23 Q. Was -- the BioCycle study, was that a PK 24 study? 25 A. I don't remember.</p>
<p>1 but I don't have the article in front of me. So if 2 I could have the article, I can provide that 3 information. 4 Q. Did they use any case controls in this 5 study that's referenced in footnote 133? 6 A. This is not describing a case control 7 study. It's describing a prospective study of 8 the -- the patients with IIH. 9 Q. Okay. And do you know whether the authors 10 Wall and George, did they use their files involving 11 their patients or did they seek information about 12 patients from other health care providers? 13 A. It's hard to remember, having read many 14 different articles, what came from which article, 15 but Wall was also an author in the Lee and Wall 16 study in UpToDate. And they have provided a summary 17 of information from other studies as well as their 18 own. 19 Q. What other studies did they provide a 20 summary of in this article? 21 A. I have not committed that to memory. 22 Q. Okay. And let's talk about footnote 23 number 137, the Yeung, Y-e-u-n-g, Adiposity and Sex 24 Hormones Across the Menstrual Cycle: the BioCycle 25 Study. Tell me about the BioCycle study.</p>	<p>1 Q. You don't know what kind of equipment may 2 have been used to test systemic estrogen levels or 3 progesterone levels in the BioCycle study in 4 footnote 137? 5 A. Well, the way to find out about the 6 systemic levels is to draw blood and measure it. 7 Q. Using -- what kind of equipment did they 8 use, did these authors use in this study? 9 A. They would have had to use the analytical 10 study -- the analytical equipment just the same as 11 what is done in a PK study, but I don't remember any 12 further details about -- about the design of that 13 study. 14 Q. And you'd agree, wouldn't you, that 15 Levonorgestrel is a potent synthetic progestin, 16 correct? 17 A. I agree with that. 18 Q. Okay. And the sentence you cite doesn't 19 talk about a synthetic progestin, does it? 20 A. That's correct, but synthetic progestins 21 were developed to mimic the effects of natural 22 progesterone. 23 Q. Isn't it true that Levonorgestrel and 24 synthetic progestins are much more potent than 25 natural progesterone?</p>

Dena R. Hixon, M.D.

Page 94	Page 96
<p>1 A. They are more potent, yes, but one has to 2 keep into consideration that the amounts that are 3 used are -- are smaller, and therefore using a 4 smaller amount of a synthetic progestin would give 5 systemic amounts that are similar to those produced 6 by a larger amount of natural progesterone.</p> <p>7 Q. Right.</p> <p>8 A. So it's all -- it's all a matter of 9 dose-response.</p> <p>10 Q. Are you a sex hormone expert?</p> <p>11 MR. IMBROSCIO: Object to the form.</p> <p>12 THE WITNESS: I am not specifically a sex 13 hormone expert, but I certainly have had a 14 significant amount of experience reviewing hormones 15 for women's reproductive health care at FDA.</p> <p>16 BY MR. JONES:</p> <p>17 Q. When you were at FDA, did you -- were you 18 ever responsible for the pharmacology reviews 19 involving products that contained female sex 20 hormones?</p> <p>21 A. Again, I wasn't responsible for the 22 pharmacology reviews except to review the summary 23 reviews and take those into account in recommending 24 approvals or other actions.</p> <p>25 MR. JONES: All right. Let's break for</p>	<p>1 additional questions for you.</p> <p>2 MR. IMBROSCIO: Okay. And we have no 3 questions. Thank you very much.</p> <p>4 MR. JONES: That was fast.</p> <p>5 MS. PALEY: That's good, right?</p> <p>6 THE VIDEOGRAPHER: Hold on -- hold on just 7 a second.</p> <p>8 The time is 1:08 p.m. This is the end of 9 Disc Number 2 and the end of the video deposition. 10 We'll go off the video record.</p> <p>11 (Off the record at 1:08 p.m.)</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21 ACKNOWLEDGMENT OF DEPONENT</p> <p>22</p> <p>23 I, DENA R. HIXON, M.D., do hereby acknowledge that I 24 have read and examined the foregoing testimony, and 25 the same is a true, correct and complete</p>
Page 95	Page 97
<p>1 lunch.</p> <p>2 THE VIDEOGRAPHER: The time is 11:55 a.m. 3 We'll go off the video record.</p> <p>4 (A lunch recess was taken from 11:55 to 5 1:08 p.m.)</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21 A F T E R N O O N S E S S I O N</p> <p>22 THE VIDEOGRAPHER: The time is 1:08 p.m. 23 We're back on the video record.</p> <p>24 MR. JONES: Dr. Hixon, welcome back from 25 lunch. At this time, I think that I don't have any</p>	<p>1 transcription of the testimony given by me and any 2 corrections appear on the attached Errata sheet 3 signed by me.</p> <p>4</p> <p>5</p> <p>6</p> <p>7 _____ 8 _____ 9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21 CERTIFICATE OF NOTARY PUBLIC</p> <p>22 I, Samara J. Zink, the officer before whom 23 the foregoing deposition was taken, do hereby 24 certify that the witness whose testimony appears in 25 the foregoing deposition was duly sworn by me to</p>

Dena R. Hixon, M.D.

Page 98	Page 100
1 testify to the truth, the whole truth, and nothing 2 but the truth concerning the matters in this case. 3 I further certify that the foregoing 4 transcript is a true and correct transcript of my 5 original stenographic notes. 6 I further certify that I am neither 7 attorney or counsel, nor related to or employed by 8 any of the parties to the action in which this 9 deposition is taken; and furthermore, that I am 10 not a relative or employee of any attorney or 11 counsel employed by the parties hereto, nor 12 financially or otherwise interested in the outcome 13 of this action. 14 15 16 _____ 17 Samara J. Zink 18 Notary Public in and for the 19 District of Columbia 20 21 My commission expires: October 14, 2016 22 23 24 25	1 E R R A T A S H E E T 2 IN RE: Copley v. Bayer Healthcare 3 WITNESS: DENA R. HIXON, M.D. 4 PAGE LINE CORRECTION AND REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 _____ 22 _____ 23 _____ 24 _____ 25 (DATE) _____ (SIGNATURE)
Page 99	
1 E R R A T A S H E E T 2 IN RE: Copley v. Bayer Healthcare 3 WITNESS: DENA R. HIXON, M.D. 4 PAGE LINE CORRECTION AND REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 _____ 22 _____ 23 _____ 24 _____ 25 _____	

26 (Pages 98 to 100)

Golkow Technologies, Inc 877.370.3377